

COMMUNITY HEALTH AND MEDICAL PROFESSIONALS
IMPROVE OUR NATION ACT OF 2017

OCTOBER 19, 2017.—Committed to the Committee of the Whole House on the State
of the Union and ordered to be printed

Mr. WALDEN, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 3922]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3922) to extend funding for certain public health programs, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Community Health And Medical Professionals Improve Our Nation Act of 2017” or the “CHAMPION Act”.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.

TITLE I—EXTENSION OF PUBLIC HEALTH PROGRAMS

Sec. 101. Extension for community health centers and the National Health Service Corps.
Sec. 102. Extension for special diabetes programs.
Sec. 103. Reauthorization of program of payments to teaching health centers that operate graduate medical education programs.
Sec. 104. Extension for family-to-family health information centers.
Sec. 105. Youth empowerment program; personal responsibility education.

TITLE II—OFFSETS

Sec. 201. Providing for qualified health plan grace period requirements for issuer receipt of advance payments of cost-sharing reductions and premium tax credits that are more consistent with State law grace period requirements.
Sec. 202. Prevention and Public Health Fund.

TITLE I—EXTENSION OF PUBLIC HEALTH PROGRAMS

SEC. 101. EXTENSION FOR COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS.

(a) **COMMUNITY HEALTH CENTERS FUNDING.**—Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended by striking “2017” and inserting “2019”.

(b) **OTHER COMMUNITY HEALTH CENTERS PROVISIONS.**—Section 330 of the Public Health Service Act (42 U.S.C. 254b) is amended—

- (1) in subsection (b)(1)(A)(ii), by striking “abuse” and inserting “use disorder”;
- (2) in subsection (b)(2)(A), by striking “abuse” and inserting “use disorder”;
- (3) in subsection (c)—

(A) in paragraph (1), by striking subparagraphs (B) through (D);

(B) by striking “(1) IN GENERAL” and all that follows through “The Secretary” and inserting the following:

“(1) **CENTERS.**—The Secretary”; and

(C) in paragraph (1), as amended, by redesignating clauses (i) through (v) as subparagraphs (A) through (E) and moving the margin of each of such redesignated subparagraph 2 ems to the left;

(4) by striking subsection (d) and inserting the following:

“(d) **IMPROVING QUALITY OF CARE.**—

“(1) **SUPPLEMENTAL AWARDS.**—The Secretary may award supplemental grant funds to health centers funded under this section to implement evidence-based models for increasing access to high-quality primary care services, which may include models related to—

“(A) improving the delivery of care for individuals with multiple chronic conditions;

“(B) workforce configuration;

“(C) reducing the cost of care;

“(D) enhancing care coordination;

“(E) expanding the use of telehealth and technology-enabled collaborative learning and capacity building models;

“(F) care integration, including integration of behavioral health, mental health, or substance use disorder services; and

“(G) addressing emerging public health or substance use disorder issues to meet the health needs of the population served by the health center.

“(2) **SUSTAINABILITY.**—In making supplemental awards under this subsection, the Secretary may consider whether the health center involved has submitted a plan for continuing the activities funded under this subsection after supplemental funding is expended.

“(3) **SPECIAL CONSIDERATION.**—The Secretary may give special consideration to applications for supplemental funding under this subsection that seek to ad-

dress significant barriers to access to care in areas with a greater shortage of health care providers and health services relative to the national average.”;

(5) in subsection (e)(1)—

(A) in subparagraph (B)—

(i) by striking “2 years” and inserting “1 year”; and

(ii) by adding at the end the following: “The Secretary shall not make a grant under this paragraph unless the applicant provides assurances to the Secretary that within 120 days of receiving grant funding for the operation of the health center, the applicant will submit, for approval by the Secretary, an implementation plan to meet the requirements of subsection (1)(3). The Secretary may extend such 120-day period for achieving compliance upon a demonstration of good cause by the health center.”; and

(B) in subparagraph (C)—

(i) in the subparagraph heading, by striking “AND PLANS”;

(ii) by striking “or plan (as described in subparagraphs (B) and (C) of subsection (c)(1))”;

(iii) by striking “or plan, including the purchase” and inserting the following: “including—

“i) the purchase”;

(iv) by inserting “, which may include data and information systems” after “of equipment”;

(v) by striking the period at the end and inserting a semicolon; and

(vi) by adding at the end the following:

“(ii) the provision of training and technical assistance; and

“(iii) other activities that—

“(I) reduce costs associated with the provision of health services;

“(II) improve access to, and availability of, health services provided to individuals served by the centers;

“(III) enhance the quality and coordination of health services; or

“(IV) improve the health status of communities.”;

(6) in subsection (e)(5)(B)—

(A) in the heading of subparagraph (B), by striking “AND PLANS”; and

(B) by striking “and subparagraphs (B) and (C) of subsection (c)(1) to a health center or to a network or plan” and inserting “to a health center or to a network”;

(7) by striking subsection (s);

(8) by redesignating subsections (g) through (r) as subsections (h) through (s), respectively;

(9) by inserting after subsection (f), the following:

“(g) NEW ACCESS POINTS AND EXPANDED SERVICES.—

“(1) APPROVAL OF NEW ACCESS POINTS.—

“(A) IN GENERAL.—The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) to establish new delivery sites.

“(B) SPECIAL CONSIDERATION.—In carrying out subparagraph (A), the Secretary may give special consideration to applicants that have demonstrated the new delivery site will be located within a sparsely populated area, or an area which has a level of unmet need that is higher relative to other applicants.

“(C) CONSIDERATION OF APPLICATIONS.—In carrying out subparagraph (A), the Secretary shall approve applications for grants under subparagraphs (A) and (B) of subsection (e)(1) in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by the applicants involved to the medically underserved populations in urban areas which may be expected to use the services provided by the applicants is not less than two to three or greater than three to two.

“(D) SERVICE AREA OVERLAP.—If in carrying out subparagraph (A) the applicant proposes to serve an area that is currently served by another health center funded under this section, the Secretary may consider whether the award of funding to an additional health center in the area can be justified based on the unmet need for additional services within the catchment area.

“(2) APPROVAL OF EXPANDED SERVICE APPLICATIONS.—

“(A) IN GENERAL.—The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) to expand the capacity of the applicant to provide required primary health services described in subsection (b)(1) or additional health services described in subsection (b)(2).

“(B) PRIORITY EXPANSION PROJECTS.—In carrying out subparagraph (A), the Secretary may give special consideration to expanded service applications that seek to address emerging public health or behavioral health, mental health, or substance abuse issues through increasing the availability of additional health services described in subsection (b)(2) in an area in which there are significant barriers to accessing care.

“(C) CONSIDERATION OF APPLICATIONS.—In carrying out subparagraph (A), the Secretary shall approve applications for applicants in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by the applicants involved to the medically underserved populations in urban areas which may be expected to use the services provided by such applicants is not less than two to three or greater than three to two.”;

(10) in subsection (i) (as so redesignated)—

(A) in paragraph (1), by striking “and children and youth at risk of homelessness” and inserting “, children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness”; and

(B) in paragraph (5)—

(i) by striking subparagraph (B);

(ii) by redesignating subparagraph (C) as subparagraph (B); and

(iii) in subparagraph (B) (as so redesignated)—

(I) in the subparagraph heading, by striking “ABUSE” and inserting “USE DISORDER”; and

(II) by striking “abuse” and inserting “use disorder”;

(11) in subsection (l) (as so redesignated)—

(A) in paragraph (2)—

(i) in the paragraph heading, by inserting “UNMET” before “NEED”;

(ii) in the matter preceding subparagraph (A), by inserting “and an application for a grant under subsection (g)” after “subsection (e)(1)”;

(iii) in subparagraph (A), by inserting “unmet” before “need for health services”;

(iv) in subparagraph (B), by striking “and” at the end;

(v) in subparagraph (C), by striking the period at the end and inserting “; and”; and

(vi) by adding after subparagraph (C) the following:

“(D) in the case of an application for a grant pursuant to subsection (g)(1), a demonstration that the applicant has consulted with appropriate State and local government agencies, and health care providers regarding the need for the health services to be provided at the proposed delivery site.”;

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A), by inserting “or subsection (g)” after “subsection (e)(1)(B)”;

(ii) in subparagraph (B), by striking “in the catchment area of the center” and inserting “, including other health care providers that provide care within the catchment area, local hospitals, and specialty providers in the catchment area of the center, to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments”;

(iii) in subparagraph (H)(ii), by inserting “who shall be directly employed by the center” after “approves the selection of a director for the center”;

(iv) in subparagraph (L), by striking “and” at the end;

(v) in subparagraph (M), by striking the period and inserting “; and”;

and

(vi) by inserting after subparagraph (M), the following:

“(N) the center has written policies and procedures in place to ensure the appropriate use of Federal funds in compliance with applicable Federal statutes, regulations, and the terms and conditions of the Federal award.”;

(C) by striking paragraph (4);

(12) in subsection (m) (as so redesignated), by adding at the end the following: “Funds expended to carry out activities under this subsection and operational support activities under subsection (n) shall not exceed 3 percent of the amount appropriated for this section for the fiscal year involved.”;

(13) in subsection (q) (as so redesignated), by striking “grants for new health centers under subsections (c) and (e)” and inserting “operating grants under subsection (e), applications for new access points and expanded service pursuant to subsection (g)”;

(14) in subsection (r)(4) (as so redesignated), by adding at the end the following: “A waiver provided by the Secretary under this paragraph may not remain in effect for more than 1 year and may not be extended after such period. An entity may not receive more than one waiver under this paragraph in consecutive years.”;

(15) in subsection (s)(3) (as so redesignated)—

(A) by striking “appropriate committees of Congress a report concerning the distribution of funds under this section” and inserting the following: “Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report including, at a minimum—

“(A) the distribution of funds for carrying out this section”;

(B) by striking “populations. Such report shall include an assessment” and inserting the following: “populations;

“(B) an assessment”;

(C) by striking “and the rationale for any substantial changes in the distribution of funds.” and inserting a semicolon; and

(D) by adding at the end the following:

“(C) the distribution of awards and funding for new or expanded services in each of rural areas and urban areas;

“(D) the distribution of awards and funding for establishing new access points, and the number of new access points created;

“(E) the amount of unexpended funding for loan guarantees and loan guarantee authority under title XVI;

“(F) the rationale for any substantial changes in the distribution of funds;

“(G) the rate of closures for health centers and access points;

“(H) the number and reason for any grants awarded pursuant to subsection (e)(1)(B); and

“(I) the number and reason for any waivers provided pursuant to subsection (r)(4).”; and

(16) in subsection (s) (as so redesignated) by adding at the end the following new paragraph:

“(5) FUNDING FOR PARTICIPATION OF HEALTH CENTERS IN ALL OF US RESEARCH PROGRAM.—In addition to any amounts made available pursuant to subsection (d) of this section, paragraph (1) of this subsection, section 402A of this Act, or section 10503 of the Patient Protection and Affordable Care Act, there is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, to the Secretary \$25,000,000 for fiscal year 2018 to support the participation of health centers in the All of Us Research Program under the Precision Medicine Initiative under section 498E of this Act.”.

(c) NATIONAL HEALTH SERVICE CORPS.—Section 10503(b)(2)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b-2(b)(2)(E)) is amended by striking “2017” and inserting “2019”.

(d) APPLICATION.—Amounts appropriated pursuant to this section for fiscal year 2018 or 2019 are subject to the requirements contained in Public Law 115-31 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act (42 U.S.C. 254b-256).

(e) CONFORMING AMENDMENTS.—Section 3014(h) of title 18, United States Code, is amended—

(1) in paragraph (1), by striking “, as amended by section 221 of the Medicare Access and CHIP Reauthorization Act of 2015,”; and

(2) in paragraph (4), by inserting “and section 101(d) of the Community Health And Medical Professionals Improve Our Nation Act of 2017” after “section 221(c) of the Medicare Access and CHIP Reauthorization Act of 2015”.

SEC. 102. EXTENSION FOR SPECIAL DIABETES PROGRAMS.

(a) SPECIAL DIABETES PROGRAM FOR TYPE I DIABETES.—Section 330B(b)(2)(C) of the Public Health Service Act (42 U.S.C. 254c-2(b)(2)(C)) is amended by striking “2017” and inserting “2019”.

(b) SPECIAL DIABETES PROGRAM FOR INDIANS.—Section 330C(c)(2) of the Public Health Service Act (42 U.S.C. 254c-3(c)(2)) is amended—

(1) in subparagraph (C), by striking “and” at the end;

(2) in subparagraph (D), by striking the period at the end and inserting “and \$112,500,000 for the period consisting of the second, third, and fourth quarters of fiscal year 2018; and”; and

(3) by adding at the end the following:

“(E) \$150,000,000 for fiscal year 2019.”.

SEC. 103. REAUTHORIZATION OF PROGRAM OF PAYMENTS TO TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) PAYMENTS.—Subsection (a) of section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended to read as follows:

“(a) PAYMENTS.—

“(1) IN GENERAL.—Subject to subsection (h)(2), the Secretary shall make payments under this section for direct expenses and indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for—

“(A) maintenance of existing approved graduate medical residency training programs;

“(B) expansion of existing approved graduate medical residency training programs; and

“(C) establishment of new approved graduate medical residency training programs, as appropriate.

“(2) PRIORITY.—In making payments pursuant to paragraph (1)(C), the Secretary shall give priority to qualified teaching health centers that—

“(A) serve a health professional shortage area with a designation in effect under section 332 or a medically underserved community (as defined in section 799B); or

“(B) are located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act).”.

(b) FUNDING.—Subsection (g) of section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended—

(1) by striking “To carry out” and inserting the following:

“(1) IN GENERAL.—To carry out”;

(2) by striking “and \$15,000,000 for the first quarter of fiscal year 2018” and inserting “, \$15,000,000 for the first quarter of fiscal year 2018, \$111,500,000 for the period consisting of the second, third, and fourth quarters of fiscal year 2018, and \$126,500,000 for fiscal year 2019, to remain available until expended”; and

(3) by adding at the end the following:

“(2) ADMINISTRATIVE EXPENSES.—Of the amount made available to carry out this section for any fiscal year, the Secretary may not use more than 5 percent of such amount for the expenses of administering this section.”.

(c) ANNUAL REPORTING.—Subsection (h)(1) of section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended—

(1) by redesignating subparagraph (D) as subparagraph (H); and

(2) by inserting after subparagraph (C) the following:

“(D) The number of patients treated by residents described in paragraph (4).

“(E) The number of visits by patients treated by residents described in paragraph (4).

“(F) Of the number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year, the number and percentage of such residents entering primary care practice (meaning any of the areas of practice listed in the definition of a primary care residency program in section 749A).

“(G) Of the number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year, the number and percentage of such residents who entered practice at a health care facility—

“(i) primarily serving a health professional shortage area with a designation in effect under section 332 or a medically underserved community (as defined in section 799B); or

“(ii) located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act).”.

(d) REPORT ON TRAINING COSTS.—Not later than March 31, 2019, the Secretary of Health and Human Services shall submit to the Congress a report on the direct graduate expenses of approved graduate medical residency training programs, and the indirect expenses associated with the additional costs of teaching residents, of qualified teaching health centers (as such terms are used or defined in section 340H of the Public Health Service Act (42 U.S.C. 256h)).

(e) DEFINITION.—Subsection (j) of section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended—

(1) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(2) by inserting after paragraph (1) the following:

“(2) NEW APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.—The term ‘new approved graduate medical residency training program’ means an approved graduate medical residency training program for which the sponsoring qualified teaching health center has not received a payment under this section for a previous fiscal year (other than pursuant to subsection (a)(1)(C)).”

(f) TECHNICAL CORRECTION.—Subsection (f) of section 340H (42 U.S.C. 256h) is amended by striking “hospital” each place it appears and inserting “teaching health center”.

(g) PAYMENTS FOR PREVIOUS FISCAL YEARS.—The provisions of section 340H of the Public Health Service Act (42 U.S.C. 256h), as in effect on the day before the date of enactment of this Act, shall continue to apply with respect to payments under such section for fiscal years before fiscal year 2018.

SEC. 104. EXTENSION FOR FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS.

Section 501(c) of the Social Security Act (42 U.S.C. 701(c)) is amended—

(1) in paragraph (1)(A)—

(A) in clause (v), by striking “and” at the end;

(B) in clause (vi), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following new clause:

“(vii) \$6,000,000 for each of fiscal years 2018 and 2019.”;

(2) in paragraph (3)(C), by inserting before the period the following: “, and with respect to fiscal years 2018 and 2019, such centers shall also be developed in all territories and at least one such center shall be developed for Indian tribes”; and

(3) by amending paragraph (5) to read as follows:

“(5) For purposes of this subsection—

“(A) the term ‘Indian tribe’ has the meaning given such term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603);

“(B) the term ‘State’ means each of the 50 States and the District of Columbia; and

“(C) the term ‘territory’ means Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Northern Mariana Islands.”.

SEC. 105. YOUTH EMPOWERMENT PROGRAM; PERSONAL RESPONSIBILITY EDUCATION.

(a) YOUTH EMPOWERMENT PROGRAM.—

(1) IN GENERAL.—Section 510 of the Social Security Act (42 U.S.C. 710) is amended to read as follows:

“SEC. 510. YOUTH EMPOWERMENT PROGRAM.

“(a) IN GENERAL.—

“(1) ALLOTMENTS TO STATES.—For the purpose described in subsection (b), the Secretary shall, for each of fiscal years 2018 and 2019, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of—

“(A) the amount appropriated pursuant to subsection (e)(1) for the fiscal year, minus the amount reserved under subsection (e)(2) for the fiscal year; and

“(B) the proportion that the number of low-income children in the State bears to the total of such numbers of children for all the States.

“(2) OTHER ALLOTMENTS.—

“(A) OTHER ENTITIES.—For the purpose described in subsection (b), the Secretary shall, for each of fiscal years 2018 and 2019, for any State which has not transmitted an application for the fiscal year under section 505(a), allot to one or more entities in the State the amount that would have been allotted to the State under paragraph (1) if the State had submitted such an application.

“(B) PROCESS.—The Secretary shall select the recipients of allotments under subparagraph (A) by means of a competitive grant process under which—

“(i) not later than 30 days after the deadline for the State involved to submit an application for the fiscal year under section 505(a), the Secretary publishes a notice soliciting grant applications; and

“(ii) not later than 120 days after such deadline, all such applications must be submitted.

“(b) PURPOSE.—

“(1) IN GENERAL.—Except for research under paragraph (5) and information collection and reporting under paragraph (6), the purpose of an allotment under subsection (a) to a State (or to another entity in the State pursuant to subsection (a)(2)) is to enable the State or other entity to implement education ex-

clusively on sexual risk avoidance (meaning voluntarily refraining from sexual activity).

“(2) REQUIRED COMPONENTS.—Education on sexual risk avoidance pursuant to an allotment under this section shall—

“(A) ensure that the unambiguous and primary emphasis and context for each topic described in paragraph (3) is a message to youth that normalizes the optimal health behavior of avoiding nonmarital sexual activity;

“(B) be medically accurate and complete;

“(C) be age-appropriate; and

“(D) be based on adolescent learning and developmental theories for the age group receiving the education.

“(3) TOPICS.—Education on sexual risk avoidance pursuant to an allotment under this section shall address each of the following topics:

“(A) The holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decisionmaking, and a focus on the future.

“(B) The advantage of refraining from nonmarital sexual activity in order to improve the future prospects and physical and emotional health of youth.

“(C) The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.

“(D) The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.

“(E) How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex.

“(F) How to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that even with consent teen sex remains a youth risk behavior.

“(4) CONTRACEPTION.—Education on sexual risk avoidance pursuant to an allotment under this section shall ensure that—

“(A) any information provided on contraception is medically accurate and ensures that students understand that contraception offers physical risk reduction, but not risk elimination; and

“(B) the education does not include demonstrations, simulations, or distribution of contraceptive devices.

“(5) RESEARCH.—

“(A) IN GENERAL.—A State or other entity receiving an allotment pursuant to subsection (a) may use up to 20 percent of such allotment to build the evidence base for sexual risk avoidance education by conducting or supporting research.

“(B) REQUIREMENTS.—Any research conducted or supported pursuant to subparagraph (A) shall be—

“(i) rigorous;

“(ii) evidence-based; and

“(iii) designed and conducted by independent researchers who have experience in conducting and publishing research in peer-reviewed outlets.

“(6) INFORMATION COLLECTION AND REPORTING.—A State or other entity receiving an allotment pursuant to subsection (a) shall, as specified by the Secretary—

“(A) collect information on the programs and activities funded through the allotment; and

“(B) submit reports to the Secretary on the data from such programs and activities.

“(c) NATIONAL EVALUATION.—

“(1) IN GENERAL.—The Secretary shall—

“(A) in consultation with appropriate State and local agencies, conduct one or more rigorous evaluations of the education funded through this section and associated data; and

“(B) submit a report to the Congress on the results of such evaluations, together with a summary of the information collected pursuant to subsection (b)(6).

“(2) CONSULTATION.—In conducting the evaluations required by paragraph (1), including the establishment of evaluation methodologies, the Secretary shall consult with relevant stakeholders.

“(d) APPLICABILITY OF CERTAIN PROVISIONS.—

“(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

“(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

“(e) FUNDING.—

“(1) IN GENERAL.—To carry out this section, there is appropriated, out of any money in the Treasury not otherwise appropriated, \$75,000,000 for each of fiscal years 2018 and 2019.

“(2) RESERVATION.—The Secretary shall reserve, for each of fiscal years 2018 and 2019, not more than 20 percent of the amount appropriated pursuant to paragraph (1) for administering the program under this section, including the conducting of national evaluations and the provision of technical assistance to the recipients of allotments.”.

(2) EFFECTIVE DATE.—The amendment made by this section takes effect on October 1, 2017.

(b) PERSONAL RESPONSIBILITY EDUCATION.—

(1) IN GENERAL.—Section 513 of the Social Security Act (42 U.S.C. 713) is amended—

(A) in subsection (a)(1)(A), by striking “2017” and inserting “2019”; and

(B) in subsection (a)(4)—

(i) in subparagraph (A), by striking “2017” each place it appears and inserting “2019”; and

(ii) in subparagraph (B)—

(I) in the subparagraph heading, by striking “3-YEAR GRANTS” and inserting “COMPETITIVE PREP GRANTS”; and

(II) in clause (i), by striking “solicit applications to award 3-year grants in each of fiscal years 2012 through 2017” and inserting “continue through fiscal year 2019 grants awarded for any of fiscal years 2015 through 2017”;

(C) in subsection (c)(1), by inserting after “youth with HIV/AIDS,” the following: “victims of human trafficking;”; and

(D) in subsection (f), by striking “2017” and inserting “2019”.

(2) EFFECTIVE DATE.—The amendments made by this subsection take effect on October 1, 2017.

TITLE II—OFFSETS

SEC. 201. PROVIDING FOR QUALIFIED HEALTH PLAN GRACE PERIOD REQUIREMENTS FOR ISSUER RECEIPT OF ADVANCE PAYMENTS OF COST-SHARING REDUCTIONS AND PREMIUM TAX CREDITS THAT ARE MORE CONSISTENT WITH STATE LAW GRACE PERIOD REQUIREMENTS.

(a) IN GENERAL.—Section 1412(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18082(c)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (B)(iv)(II), by striking “a 3-month grace period” and inserting “a grace period specified in subparagraph (C)”; and

(B) by adding at the end the following new subparagraphs:

“(C) GRACE PERIOD SPECIFIED.—For purposes of subparagraph (B)(iv)(II), the grace period specified in this subparagraph is—

“(i) for plan years beginning before January 1, 2018, a 3-month grace period; and

“(ii) for plan years beginning on or after January 1, 2018—

“(I) in the case of an Exchange operating in a State that has a State law grace period in place, such State law grace period; and

“(II) in the case of an Exchange operating in a State that does not have a State law grace period in place, a 1-month grace period.

“(D) STATE LAW GRACE PERIOD.—For purposes of subparagraph (C), the term ‘State law grace period’ means, with respect to a State, a grace period for nonpayment of premiums before discontinuing coverage that is applicable under the State law to health insurance coverage offered in the individual market of the State.”; and

(2) in paragraph (3), by adding at the end the following new sentence: “The requirements of paragraph (2)(B)(iv) apply to an issuer of a qualified health plan receiving an advanced payment under this paragraph in the same manner and to the same extent that such requirements apply to an issuer of a qualified health plan receiving an advanced payment under paragraph (2)(A).”.

(b) REPORT ON ALIGNING GRACE PERIODS FOR MEDICAID, MEDICARE, AND EXCHANGE PLANS.—Not later than two years after the date of full implementation of subsection (a), the Comptroller General of the United States shall submit to Congress a report on—

(1) the effects on consumers of aligning grace periods applied under the Medicaid program under title XIX of the Social Security Act, under the Medicare program under parts C and D of title XVIII of such Act, and under qualified health plans offered on an Exchange established under title I of the Patient Protection and Affordable Care Act, including the extent to which such an alignment of grace periods may help to avoid enrollment status confusion for individuals under such Medicaid program, Medicare program, and qualified health plans; and

(2) the extent to which such an alignment of grace periods may reduce fraud, waste, and abuse under the Medicaid program.

SEC. 202. PREVENTION AND PUBLIC HEALTH FUND.

Section 4002(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11(b)) is amended by striking paragraphs (3) through (8) and inserting the following new paragraphs:

- “(3) for fiscal year 2018, \$900,000,000;
- “(4) for fiscal year 2019, \$500,000,000;
- “(5) for fiscal year 2020, \$500,000,000;
- “(6) for fiscal year 2021, \$500,000,000;
- “(7) for fiscal year 2022, \$500,000,000;
- “(8) for fiscal year 2023, \$500,000,000;
- “(9) for fiscal year 2024, \$500,000,000;
- “(10) for fiscal year 2025, \$750,000,000;
- “(11) for fiscal year 2026, \$1,000,000,000; and
- “(12) for fiscal year 2027 and each fiscal year thereafter, \$2,000,000,000.”.

PURPOSE AND SUMMARY

H.R. 3922 was introduced on October 3, 2017, by Representative Greg Walden (R–OR). The bill extends federal funding for important public health priorities, including Community Health Centers, the Special Diabetes Programs, the National Health Service Corps, the Teaching Health Center Graduate Medical Education Program, Family-to-Family Health Information Centers, the Youth Empowerment Program, and the Personal Responsibility Education Program.

BACKGROUND AND NEED FOR LEGISLATION

On September 30, 2017, the funding for several important programs authorized under the Public Health Service Act expired. These critical programs, such as the Community Health Centers program and the Special Diabetes Program, have helped to reduce costs, improve health outcomes, and deliver cost-effective care. Programs like the National Health Service Corps and the Teaching Health Center Graduate Medical Education Program play a critical role in training and placing primary care providers in underserved areas.

COMMITTEE ACTION

The Committee on Energy and Commerce has not held hearings on the legislation.

On October 4, 2017, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 3922, as amended, favorably reported to the House by a recorded vote of 28 yeas and 23 nays.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto.

The following reflects the record votes taken during the Committee consideration:

**COMMITTEE ON ENERGY AND COMMERCE -- 115TH CONGRESS
ROLL CALL VOTE # 53**

BILL: H.R. 3922, CHAMPION Act

AMENDMENT: An amendment offered by Mr. Green, No. 1, to extend the appropriation for Community Health Centers, the National Health Service Corps, Special Diabetes Programs, and Family-to-Family Health Information Centers, and Personal Responsibility Education; to reauthorize payments to Teaching Health Centers for graduate medical education programs; to delay certain Medicare plan payment dates and to transfer 50 percent of the money remaining from this delay to the Medicare Improvement Fund, and 50 percent of the money to the Medicaid Improvement Fund.

DISPOSITION: NOT AGREED TO, by a roll call vote of 23 yeas and 28 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Walden		X		Mr. Pallone	X		
Mr. Barton		X		Mr. Rush	X		
Mr. Upton		X		Ms. Eshoo	X		
Mr. Shimkus		X		Mr. Engel	X		
Mr. Murphy				Mr. Green	X		
Mr. Burgess		X		Ms. DeGette	X		
Mrs. Blackburn		X		Mr. Doyle			
Mr. Scalise				Ms. Schakowsky	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers		X		Ms. Matsui	X		
Mr. Harper		X		Ms. Castor	X		
Mr. Lance		X		Mr. Sarbanes	X		
Mr. Guthrie		X		Mr. McNerney	X		
Mr. Olson		X		Mr. Welch	X		
Mr. McKinley		X		Mr. Lujan	X		
Mr. Kinzinger		X		Mr. Tonko	X		
Mr. Griffith		X		Ms. Clarke	X		
Mr. Bilirakis		X		Mr. Loeb	X		
Mr. Johnson		X		Mr. Schrader	X		
Mr. Long				Mr. Kennedy	X		
Mr. Bucshon		X		Mr. Cardenas	X		
Mr. Flores		X		Mr. Ruiz	X		
Mrs. Brooks		X		Mr. Peters	X		
Mr. Mullin		X		Ms. Dingell	X		
Mr. Hudson		X					
Mr. Collins		X					
Mr. Cramer		X					
Mr. Walberg		X					
Mrs. Walters		X					
Mr. Costello		X					
Mr. Carter		X					

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**COMMITTEE ON ENERGY AND COMMERCE -- 115TH CONGRESS
ROLL CALL VOTE # 54**

BILL: H.R. 3922, CHAMPION Act

AMENDMENT: An amendment offered by Ms. Clarke, No. 3, to strike section 202, Prevention and Public Health Fund.

DISPOSITION: NOT AGREED TO, by a roll call vote of 23 yeas and 28 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Walden		X		Mr. Pallone	X		
Mr. Barton		X		Mr. Rush	X		
Mr. Upton		X		Ms. Eshoo	X		
Mr. Shimkus		X		Mr. Engel	X		
Mr. Murphy				Mr. Green	X		
Mr. Burgess		X		Ms. DeGette	X		
Mrs. Blackburn		X		Mr. Doyle			
Mr. Scalise				Ms. Schakowsky	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers		X		Ms. Matsui	X		
Mr. Harper		X		Ms. Castor	X		
Mr. Lance		X		Mr. Sarbanes	X		
Mr. Guthrie		X		Mr. McNerney	X		
Mr. Olson		X		Mr. Welch	X		
Mr. McKinley		X		Mr. Lujan	X		
Mr. Kinzinger		X		Mr. Tonko	X		
Mr. Griffith		X		Ms. Clarke	X		
Mr. Bilirakis		X		Mr. Loeb	X		
Mr. Johnson		X		Mr. Schrader	X		
Mr. Long				Mr. Kennedy	X		
Mr. Bucshon		X		Mr. Cardenas	X		
Mr. Flores		X		Mr. Ruiz	X		
Mrs. Brooks		X		Mr. Peters	X		
Mr. Mullin		X		Ms. Dingell	X		
Mr. Hudson		X					
Mr. Collins		X					
Mr. Cramer		X					
Mr. Walberg		X					
Mrs. Walters		X					
Mr. Costello		X					
Mr. Carter		X					

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**COMMITTEE ON ENERGY AND COMMERCE -- 115TH CONGRESS
ROLL CALL VOTE # 55**

BILL: H.R. 3922, CHAMPION Act

AMENDMENT: An amendment offered by Mr. Green, No. 5, to lengthen the extension of the authorization and the appropriation, out of any monies in the Treasury not otherwise appropriated, to the CHC Fund to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the community health center program from fiscal year 2019 to fiscal year 2022.

DISPOSITION: NOT AGREED TO, by a roll call vote of 23 yeas and 28 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Walden		X		Mr. Pallone	X		
Mr. Barton		X		Mr. Rush	X		
Mr. Upton		X		Ms. Eshoo	X		
Mr. Shimkus		X		Mr. Engel	X		
Mr. Murphy				Mr. Green	X		
Mr. Burgess		X		Ms. DeGette	X		
Mrs. Blackburn		X		Mr. Doyle			
Mr. Scalise				Ms. Schakowsky	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers		X		Ms. Matsui	X		
Mr. Harper		X		Ms. Castor	X		
Mr. Lance		X		Mr. Sarbanes	X		
Mr. Guthrie		X		Mr. McNerney	X		
Mr. Olson		X		Mr. Welch	X		
Mr. McKinley		X		Mr. Lujan	X		
Mr. Kinzinger		X		Mr. Tonko	X		
Mr. Griffith		X		Ms. Clarke	X		
Mr. Bilirakis		X		Mr. Loeb	X		
Mr. Johnson		X		Mr. Schrader	X		
Mr. Long				Mr. Kennedy	X		
Mr. Bueshon		X		Mr. Cardenas	X		
Mr. Flores		X		Mr. Ruiz	X		
Mrs. Brooks		X		Mr. Peters	X		
Mr. Mullin		X		Ms. Dingell	X		
Mr. Hudson		X					
Mr. Collins		X					
Mr. Cramer		X					
Mr. Walberg		X					
Mrs. Walters		X					
Mr. Costello		X					
Mr. Carter		X					

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**COMMITTEE ON ENERGY AND COMMERCE -- 115TH CONGRESS
ROLL CALL VOTE # 56**

BILL: H.R. 3922, CHAMPION Act

AMENDMENT: An amendment offered by Mr. Butterfield, No. 6, to lengthen the extension of the authorization and the appropriation, out of any monies in the Treasury not otherwise appropriated, to the CHC Fund to be transferred to the Secretary of Health and Human Services to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the National Health Service Corps from fiscal year 2019 to fiscal year 2022.

DISPOSITION: **NOT AGREED TO**, by a roll call vote of 23 yeas and 28 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Walden		X		Mr. Pallone	X		
Mr. Barton		X		Mr. Rush	X		
Mr. Upton		X		Ms. Eshoo	X		
Mr. Shimkus		X		Mr. Engel	X		
Mr. Murphy				Mr. Green	X		
Mr. Burgess		X		Ms. DeGette	X		
Mrs. Blackburn		X		Mr. Doyle			
Mr. Scalise				Ms. Schakowsky	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers		X		Ms. Matsui	X		
Mr. Harper		X		Ms. Castor	X		
Mr. Lance		X		Mr. Sarbanes	X		
Mr. Guthrie		X		Mr. McNerney	X		
Mr. Olson		X		Mr. Welch	X		
Mr. McKinley		X		Mr. Lujan	X		
Mr. Kinzinger		X		Mr. Tonko	X		
Mr. Griffith		X		Ms. Clarke	X		
Mr. Bilirakis		X		Mr. Loeb sack	X		
Mr. Johnson		X		Mr. Schrader	X		
Mr. Long				Mr. Kennedy	X		
Mr. Bucshon		X		Mr. Cardenas	X		
Mr. Flores		X		Mr. Ruiz	X		
Mrs. Brooks		X		Mr. Peters	X		
Mr. Mullin		X		Ms. Dingell	X		
Mr. Hudson		X					
Mr. Collins		X					
Mr. Cramer		X					
Mr. Walberg		X					
Mrs. Walters		X					
Mr. Costello		X					
Mr. Carter		X					

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**COMMITTEE ON ENERGY AND COMMERCE -- 115TH CONGRESS
ROLL CALL VOTE # 57**

BILL: H.R. 3922, CHAMPION Act

AMENDMENT: An amendment offered by Ms. Clarke, No. 8, to strike section 105(a), Youth empowerment program and to repeal section 510 of the Social Security Act, Separate program for abstinence education.

DISPOSITION: NOT AGREED TO, by a roll call vote of 23 yeas and 28 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Walden		X		Mr. Pallone	X		
Mr. Barton		X		Mr. Rush	X		
Mr. Upton		X		Ms. Eshoo	X		
Mr. Shimkus		X		Mr. Engel	X		
Mr. Murphy				Mr. Green	X		
Mr. Burgess		X		Ms. DeGette	X		
Mrs. Blackburn		X		Mr. Doyle			
Mr. Scalise				Ms. Schakowsky	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers		X		Ms. Matsui	X		
Mr. Harper		X		Ms. Castor	X		
Mr. Lance		X		Mr. Sarbanes	X		
Mr. Guthrie		X		Mr. McNerney	X		
Mr. Olson		X		Mr. Welch	X		
Mr. McKinley		X		Mr. Lujan	X		
Mr. Kinzinger		X		Mr. Tonko	X		
Mr. Griffith		X		Ms. Clarke	X		
Mr. Bilirakis		X		Mr. Loeb sack	X		
Mr. Johnson		X		Mr. Schrader	X		
Mr. Long				Mr. Kennedy	X		
Mr. Bucshon		X		Mr. Cardenas	X		
Mr. Flores		X		Mr. Ruiz	X		
Mrs. Brooks		X		Mr. Peters	X		
Mr. Mullin		X		Ms. Dingell	X		
Mr. Hudson		X					
Mr. Collins		X					
Mr. Cramer		X					
Mr. Walberg		X					
Mrs. Walters		X					
Mr. Costello		X					
Mr. Carter		X					

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**COMMITTEE ON ENERGY AND COMMERCE -- 115TH CONGRESS
ROLL CALL VOTE # 58**

BILL: H.R. 3922, CHAMPION Act

AMENDMENT: An amendment offered by Ms. Schakowsky, No. 11, to strike section 101(d), regarding the application of funds provided under the extension for Community Health Centers and the National Health Service Corps and to make conforming amendments.

DISPOSITION: NOT AGREED TO, by a roll call vote of 22 yeas and 28 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Walden		X		Mr. Pallone	X		
Mr. Barton		X		Mr. Rush	X		
Mr. Upton		X		Ms. Eshoo	X		
Mr. Shimkus		X		Mr. Engel	X		
Mr. Murphy				Mr. Green			
Mr. Burgess		X		Ms. DeGette	X		
Mrs. Blackburn		X		Mr. Doyle			
Mr. Scalise				Ms. Schakowsky	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers		X		Ms. Matsui	X		
Mr. Harper		X		Ms. Castor	X		
Mr. Lance		X		Mr. Sarbanes	X		
Mr. Guthrie		X		Mr. McNerney	X		
Mr. Olson		X		Mr. Welch	X		
Mr. McKinley		X		Mr. Lujan	X		
Mr. Kinzinger		X		Mr. Tonko	X		
Mr. Griffith		X		Ms. Clarke	X		
Mr. Bilirakis		X		Mr. Loeb sack	X		
Mr. Johnson		X		Mr. Schrader	X		
Mr. Long				Mr. Kennedy	X		
Mr. Bucshon		X		Mr. Cardenas	X		
Mr. Flores		X		Mr. Ruiz	X		
Mrs. Brooks		X		Mr. Peters	X		
Mr. Mullin		X		Ms. Dingell	X		
Mr. Hudson		X					
Mr. Collins		X					
Mr. Cramer		X					
Mr. Walberg		X					
Mrs. Walters		X					
Mr. Costello		X					
Mr. Carter		X					

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**COMMITTEE ON ENERGY AND COMMERCE -- 115TH CONGRESS
ROLL CALL VOTE # 59**

BILL: H.R. 3922, CHAMPION Act

AMENDMENT: An amendment offered by Mr. Pallone, No. 13, to strike section 103, Reauthorization of program of payments to teaching health centers that operate graduate medical education programs, and to amend section 340H(a) of the Public Health Service Act to authorize payments for maintenance of existing approved graduate medical residency programs, and to appropriate such sums as may be necessary, not to exceed \$15,000,000 for the first quarter of fiscal year 2018, \$111,500,000 for the period consisting of the second, third, and fourth quarters of fiscal year 2018, and \$126,500,000 for each of fiscal years 2019 and 2020.

DISPOSITION: NOT AGREED TO, by a roll call vote of 25 yeas and 26 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Walden		X		Mr. Pallone	X		
Mr. Barton		X		Mr. Rush	X		
Mr. Upton		X		Ms. Eshoo	X		
Mr. Shimkus		X		Mr. Engel	X		
Mr. Murphy				Mr. Green	X		
Mr. Burgess		X		Ms. DeGette	X		
Mrs. Blackburn		X		Mr. Doyle			
Mr. Scalise				Ms. Schakowsky	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers	X			Ms. Matsui	X		
Mr. Harper		X		Ms. Castor	X		
Mr. Lance		X		Mr. Sarbanes	X		
Mr. Guthrie		X		Mr. McNerney	X		
Mr. Olson		X		Mr. Welch	X		
Mr. McKinley		X		Mr. Lujan	X		
Mr. Kinzinger		X		Mr. Tonko	X		
Mr. Griffith		X		Ms. Clarke	X		
Mr. Bilirakis		X		Mr. Loeb sack	X		
Mr. Johnson		X		Mr. Schrader	X		
Mr. Long				Mr. Kennedy	X		
Mr. Bucshon	X			Mr. Cardenas	X		
Mr. Flores		X		Mr. Ruiz	X		
Mrs. Brooks		X		Mr. Peters	X		
Mr. Mullin		X		Ms. Dingell	X		
Mr. Hudson		X					
Mr. Collins		X					
Mr. Cramer		X					
Mr. Walberg		X					
Mrs. Walters		X					
Mr. Costello		X					
Mr. Carter		X					

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**COMMITTEE ON ENERGY AND COMMERCE – 115TH CONGRESS
ROLL CALL VOTE # 60**

BILL: H.R. 3922, CHAMPION Act

AMENDMENT: A motion by Mr. Walden to order H.R. 3922 favorably reported to the House, as amended.
(Final Passage)

DISPOSITION: AGREED TO, by a roll call vote of 28 yeas and 23 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Walden	X			Mr. Pallone		X	
Mr. Barton	X			Mr. Rush		X	
Mr. Upton	X			Ms. Eshoo		X	
Mr. Shimkus	X			Mr. Engel		X	
Mr. Murphy				Mr. Green		X	
Mr. Burgess	X			Ms. DeGette		X	
Mrs. Blackburn	X			Mr. Doyle			
Mr. Scalise				Ms. Schakowsky		X	
Mr. Latta	X			Mr. Butterfield		X	
Mrs. McMorris Rodgers	X			Ms. Matsui		X	
Mr. Harper	X			Ms. Castor		X	
Mr. Lance	X			Mr. Sarbanes		X	
Mr. Guthrie	X			Mr. McNerney		X	
Mr. Olson	X			Mr. Welch		X	
Mr. McKinley	X			Mr. Lujan		X	
Mr. Kinzinger	X			Mr. Tonko		X	
Mr. Griffith	X			Ms. Clarke		X	
Mr. Bilirakis	X			Mr. Loeb sack		X	
Mr. Johnson	X			Mr. Schrader		X	
Mr. Long				Mr. Kennedy		X	
Mr. Bucshon	X			Mr. Cardenas		X	
Mr. Flores	X			Mr. Ruiz		X	
Mrs. Brooks	X			Mr. Peters		X	
Mr. Mullin	X			Ms. Dingell		X	
Mr. Hudson	X						
Mr. Collins	X						
Mr. Cramer	X						
Mr. Walberg	X						
Mrs. Walters	X						
Mr. Costello	X						
Mr. Carter	X						

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OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee has not held hearings on this legislation.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 3922 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, October 19, 2017.

Hon. GREG WALDEN,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3922, the CHAMPION Act of 2017.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Emily King.

Sincerely,

KEITH HALL,
Director.

Enclosure.

H.R. 3922—CHAMPION Act of 2017

Summary: H.R. 3922 would extend funding for Community Health Centers and several other public health programs for two years, through 2019. It also would shorten the grace period during which premiums can be paid and reduce funding available for the Prevention and Public Health Fund. On net, CBO estimates that implementing the legislation would reduce the deficit by \$1.4 billion over the 2018–2027 period.

Enacting H.R. 3922 would affect direct spending and revenues; therefore, pay-as-you-go procedures apply.

CBO estimates that enacting H.R. 3922 would not increase net direct spending or on-budget deficits in one or more of the four consecutive 10-year periods beginning in 2028.

H.R. 3922 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary effect of H.R. 3922 is shown in the following table. The costs of this legislation fall within budget functions 550 (health) and 500 (education, training, employment, and social services).

	By fiscal year, in millions of dollars—											
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2018–2022	2018–2027
INCREASES OR DECREASES (–) IN DIRECT SPENDING												
Sec. 101—Community Health Centers and the National Health Service Corps:												
Estimated Budget Authority	3,835	3,910	0	0	0	0	0	0	0	0	7,845	7,845
Estimated Outlays	1,124	2,733	2,780	1,181	16	0	0	0	0	0	7,833	7,833
Sec. 102—Special Diabetes Program:												
Budget Authority	263	300	0	0	0	0	0	0	0	0	563	563
Estimated Outlays	76	233	198	42	9	4	0	0	0	0	558	563
Sec. 103—Teaching Health Centers GME:												
Budget Authority	112	127	0	0	0	0	0	0	0	0	238	238
Estimated Outlays	45	92	72	29	0	0	0	0	0	0	238	238
Sec. 104—Family-to-Family Health Information Centers:												
Budget Authority	6	6	0	0	0	0	0	0	0	0	12	12
Estimated Outlays	3	5	3	1	0	0	0	0	0	0	12	12
Sec. 105—Youth Empowerment Program and PREP:												
Budget Authority	150	150	0	0	0	0	0	0	0	0	300	300
Estimated Outlays	5	69	122	74	18	0	0	0	0	0	288	288
Sec. 201—QHP Grace Period Requirements:												
Estimated Budget Authority	–262	–387	–394	–409	–424	–431	–447	–458	–463	–478	–1,876	–4,153
Estimated Outlays	–262	–387	–394	–409	–424	–431	–447	–458	–463	–478	–1,876	–4,153
Sec. 202—Prevention and Public Health Fund:												
Budget Authority	0	–400	–500	–500	–1,000	–500	–1,200	–1,250	–1,000	0	–2,400	–6,350
Estimated Outlays	0	–60	–193	–367	–548	–642	–779	–902	–1,045	–968	–1,168	–5,504
Total Changes:												
Estimated Budget Authority	4,204	3,706	–894	–909	–1,424	–931	–1,647	–1,708	–1,463	–478	4,682	–1,545
Estimated Outlays	991	2,685	2,588	551	–929	–1,069	–1,226	–1,360	–1,508	–1,446	5,885	–723
INCREASES IN REVENUES												
Sec. 201—QHP Grace Period Requirements	34	65	68	71	74	77	79	80	83	86	313	717
NET INCREASE OR DECREASE (–) IN THE DEFICIT FROM INCREASES OR DECREASES (–) IN DIRECT SPENDING AND REVENUES												
Impact on Deficit	957	2,620	2,520	480	–1,003	–1,146	–1,305	–1,440	–1,591	–1,532	5,572	–1,440

Notes: Components may not add to totals because of rounding; GME = Graduate Medical Education; PREP = Personal Responsibility Education Program; QHP = Qualified Health Plan.

Basis of estimate: For this estimate, CBO assumes that H.R. 3922 will be enacted near the start of calendar year 2018. Estimated outlays are based on historical spending patterns for the affected programs.

Extension of expiring provisions

H.R. 3922 would extend several public health provisions that would otherwise expire under current law. In total, CBO estimates that enacting those extensions would increase federal spending by about \$8.9 billion over the 2018–2027 period. The budget authority for those extensions include:

- \$3.6 billion per year in 2018 and 2019 for the Community Health Center Fund, which provides grants to health centers that can be used for infrastructure, management, training, and other expenses related to providing health care services;
- \$310 million per year in 2018 and 2019 for the National Health Service Corps, which funds scholarships for primary care providers that serve in underserved communities;
- \$263 million in 2018 and \$300 million in 2019 for the Special Diabetes Program, which funds research on the prevention and cure of type 1 diabetes at the National Institutes of Health and funds diabetes treatment and prevention programs for American Indians through Indian Health Service, Tribal, and Urban Indian health providers;
- \$111.5 million in 2018 and \$126.5 million in 2019 for the Teaching Health Center Graduate Medical Education program, which supports training for medical and dental residents in primary care settings;
- \$75 million per year for 2018 and 2019 for the Youth Empowerment Program (known as the Abstinence Education program under current law), which funds education on avoiding sexual risk;
- \$75 million per year for 2018 and 2019 for the Personal Responsibility Education Program, which funds youth education about abstinence, contraception, and topics to prepare youth for adulthood; and
- \$6 million per year for 2018 and 2019 to fund the Family-to-Family Health Information Centers, which support families of children with special health care needs.

Qualified health plan grace period requirements

Under current law, people who enroll in subsidized health insurance purchased through a marketplace established under the Affordable Care Act (ACA) and pay the premium for at least their first month of coverage are granted a grace period of three months if they miss a subsequent payment. If they pay their premiums in full during that grace period, their coverage continues normally. If, at the end of three months, they have not made their premium payments, their coverage is terminated retroactively to the end of the first month of their grace period.

H.R. 3922 would shorten the grace period to one month unless a state sets a different one. CBO and the staff of the Joint Committee on Taxation (JCT) estimate that many people who, under current law, would have paid their delinquent premiums during the second or third month of their grace period would instead have

their coverage terminated under this bill. CBO and JCT estimate that the subsidies those people would have received for coverage during the remainder of the calendar year would no longer be paid, resulting in a reduction in the federal deficit. In addition, some of those people who became uninsured would pay a penalty for not maintaining health insurance coverage under provisions known as the individual mandate, which would increase revenues. Based on information from states, insurers, surveys, and the Department of Health and Human Services, CBO and JCT estimate that fewer than 500,000 people would have their coverage terminated at some point each year. As a result, CBO and JCT estimate that this provision would reduce the deficit by about \$4.9 billion over the 2018–2027 period; that estimated savings includes about \$4.2 billion in reduced outlays and about \$700 million in increased revenues.

Prevention and Public Health Fund

The legislation would reduce funding available to the Prevention and Public Health Fund. The Department of Health and Human Services awards grants through that fund to public and private entities to carry out prevention, wellness, and other public health activities. Under current law, annual funding available for these purposes totals \$900 million in 2018, and rises to \$2.0 billion in 2027 and each year thereafter. Over the 2019–2026 period, the legislation would reduce that funding by \$6.3 billion. CBO estimates that enacting the provision would reduce direct spending by \$5.5 billion over the 2018–2027 period.

Pay-As-You-Go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays and revenues that are subject to those pay-as-you-go procedures are shown in the following table.

Increase in long-term direct spending and deficits: CBO estimates that enacting the legislation would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

Intergovernmental and private-sector impact: H.R. 3922 contains no intergovernmental or private-sector mandates as defined in UMRA.

Estimate prepared by: Federal costs: Kate Fritzsche, Jennifer Gray, Emily King, Lisa Ramirez-Branum, Robert Stewart, and Ellen Werble and the staff of the Joint Committee on Taxation; intergovernmental and private-sector impact: Amy Petz.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to extend funding for certain public health programs.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3922 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3922 contains no earmarks, limited tax benefits, or limited tariff benefits.

DISCLOSURE OF DIRECTED RULE MAKINGS

Pursuant to section 3(i) of H. Res. 5, the Committee finds that H.R. 3922 contains no directed rule makings.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides that the Act may be cited as the “Community Health And Medical Professionals Improve Our Nation Act of 2017” or the “CHAMPION Act”.

Section 2. Table of contents

Section 2 lists the table of contents.

Section 101. Extension for community health centers and the National Health Service Corps

Section 101 extends the funding for Community Health Centers and the National Health Service Corps (NHSC) for two years, at \$3.6 billion a year for Community Health Centers, and \$310 million a year for the NHSC.

In addition, section 101 includes technical and programmatic changes that improve the health centers ability to function in the modern health care landscape. Specifically, this section provides the Health Resources and Services Administration (HRSA) with explicit authority to make supplemental awards to Health Centers focused on quality improvement, and to make grants for New Access Points and Expanded Services. It clarifies the focus on unmet need and extends the current rural to urban statutory ratio guardrails for New Access Points and Expanded Services.

This section adds homeless veterans and veterans at risk of homelessness to the list of focus populations for grants focused on care to the homeless. It provides \$25 million for health centers to participate in the All of Us Research Program, an effort to accelerate health research and medical breakthroughs by creating the most diverse biomedical data resource in history. It requires health centers to consult and collaborate with existing local providers, programs and agencies with respect to the services and programs offered by a new site, and it requires health centers to have written policies and procedures around appropriate use of federal funds to ensure that the center is operated in compliance with applicable federal laws and regulations.

Finally, this section provides the legal authority for HRSA to require direct employment of health center CEOs and Executive Directors.

Section 102. Extension for special diabetes programs

Section 102 extends the funding for two years for the Special Diabetes Program for Type 1 Diabetes and the Special Diabetes Program for Indians at \$150 million a year each.

Section 103. Reauthorization of program of payments to teaching health centers that operate graduate medical education programs

Section 103 extends the funding for the Teaching Health Center Graduate Medical Education Program for two years, at \$126.5 million a year.

Section 104. Extension for family-to-family health information centers

Section 104 extends the Family-to-Family Health Information Center program for two years at \$6 million a year. This section also establishes Family-to-Family Health Information Centers in all of the territories and for the Indian tribes.

Section 105. Youth empowerment program; personal responsibility education

Section 105 extends the Personal Responsibility Education Program for two years at \$75 million a year. This section also renames the Abstinence Education Program as the Youth Empowerment Program (PREP) and extends its funding for two years at \$75 million a year. In addition, section 105 includes technical and programmatic changes to the Youth Empowerment Program, that better reflects the intent of the program to empower youth to make healthy decisions, resist sexual risk, and set goals for the future.

Similar to PREP, if a State does not apply for grant funding, the Secretary shall allot to one or more entities in the State, through a competitive grant process, the amount that would have been allocated to the State had it applied for the funding. A State or entity that receives funding must collect information on the programs and activities funded through its allotment and submit a report to the Secretary on the data from such programs and activities. In consultation with relevant stakeholders, the Secretary must also establish and conduct one or more national evaluations of the education funded through the Youth Empowerment Program and submit a report to Congress on the collected information.

Section 201. Providing for qualified health plan grace period requirements for issuer receipt of advance payments of cost-sharing reductions and premium tax credits that are more consistent with State law grace period requirements

Under current law, subsidized patients with exchange plans have a three-month grace period when they do not pay their health insurance premiums. During these three months, their plan cannot discontinue coverage for nonpayment of premiums. This means that patients receiving the advance premium tax credits (APTCs) and cost sharing reductions (CSRs) can pay for only nine months of health insurance, but receive a full year's coverage. According to one McKinsey report, one-in-five exchange enrollees stopped payment in 2015 with nearly 90 percent of these individuals repurchasing a plan the following year. Of this group, half enrolled in the same plan they stopped payment for in 2015. Section 201 allows States to define their grace period, or move to a default of one month.

Section 202. Prevention and Public Health Fund

The Prevention and Public Health Fund (PPHF) was created in the Affordable Care Act to fund “programs authorized by the Public Health Service Act for prevention, wellness, and public health activities.” Section 202 allocates \$6.35 billion from the PPHF to support the public health programs in the CHAMPION Act.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, and existing law in which no change is proposed is shown in roman):

PATIENT PROTECTION AND AFFORDABLE CARE ACT

* * * * *

**TITLE I—QUALITY, AFFORDABLE
HEALTH CARE FOR ALL AMERICANS**

* * * * *

**Subtitle E—Affordable Coverage Choices
for All Americans****PART I—PREMIUM TAX CREDITS AND COST-
SHARING REDUCTIONS**

* * * * *

Subpart B—Eligibility Determinations

* * * * *

**SEC. 1412. ADVANCE DETERMINATION AND PAYMENT OF PREMIUM
TAX CREDITS AND COST-SHARING REDUCTIONS.**

(a) IN GENERAL.—The Secretary, in consultation with the Secretary of the Treasury, shall establish a program under which—

(1) upon request of an Exchange, advance determinations are made under section 1411 with respect to the income eligibility of individuals enrolling in a qualified health plan in the individual market through the Exchange for the premium tax credit allowable under section 36B of the Internal Revenue Code of 1986 and the cost-sharing reductions under section 1402;

(2) the Secretary notifies—

(A) the Exchange and the Secretary of the Treasury of the advance determinations; and

(B) the Secretary of the Treasury of the name and employer identification number of each employer with respect to whom 1 or more employee of the employer were determined to be eligible for the premium tax credit under sec-

tion 36B of the Internal Revenue Code of 1986 and the cost-sharing reductions under section 1402 because—

(i) the employer did not provide minimum essential coverage; or

(ii) the employer provided such minimum essential coverage but it was determined under section 36B(c)(2)(C) of such Code to either be unaffordable to the employee or not provide the required minimum actuarial value; and

(3) the Secretary of the Treasury makes advance payments of such credit or reductions to the issuers of the qualified health plans in order to reduce the premiums payable by individuals eligible for such credit.

(b) **ADVANCE DETERMINATIONS.**—

(1) **IN GENERAL.**—The Secretary shall provide under the program established under subsection (a) that advance determination of eligibility with respect to any individual shall be made—

(A) during the annual open enrollment period applicable to the individual (or such other enrollment period as may be specified by the Secretary); and

(B) on the basis of the individual's household income for the most recent taxable year for which the Secretary, after consultation with the Secretary of the Treasury, determines information is available.

(2) **CHANGES IN CIRCUMSTANCES.**—The Secretary shall provide procedures for making advance determinations on the basis of information other than that described in paragraph (1)(B) in cases where information included with an application form demonstrates substantial changes in income, changes in family size or other household circumstances, change in filing status, the filing of an application for unemployment benefits, or other significant changes affecting eligibility, including—

(A) allowing an individual claiming a decrease of 20 percent or more in income, or filing an application for unemployment benefits, to have eligibility for the credit determined on the basis of household income for a later period or on the basis of the individual's estimate of such income for the taxable year; and

(B) the determination of household income in cases where the taxpayer was not required to file a return of tax imposed by this chapter for the second preceding taxable year.

(c) **PAYMENT OF PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS.**—

(1) **IN GENERAL.**—The Secretary shall notify the Secretary of the Treasury and the Exchange through which the individual is enrolling of the advance determination under section 1411.

(2) **PREMIUM TAX CREDIT.**—

(A) **IN GENERAL.**—The Secretary of the Treasury shall make the advance payment under this section of any premium tax credit allowed under section 36B of the Internal Revenue Code of 1986 to the issuer of a qualified health plan on a monthly basis (or such other periodic basis as the Secretary may provide).

(B) ISSUER RESPONSIBILITIES.—An issuer of a qualified health plan receiving an advance payment with respect to an individual enrolled in the plan shall—

(i) reduce the premium charged the insured for any period by the amount of the advance payment for the period;

(ii) notify the Exchange and the Secretary of such reduction;

(iii) include with each billing statement the amount by which the premium for the plan has been reduced by reason of the advance payment; and

(iv) in the case of any nonpayment of premiums by the insured—

(I) notify the Secretary of such nonpayment; and

(II) allow **[a 3-month grace period]** *a grace period specified in subparagraph (C)* for nonpayment of premiums before discontinuing coverage.

(C) GRACE PERIOD SPECIFIED.—*For purposes of subparagraph (B)(iv)(II), the grace period specified in this subparagraph is—*

(i) *for plan years beginning before January 1, 2018, a 3-month grace period; and*

(ii) *for plan years beginning on or after January 1, 2018—*

(I) *in the case of an Exchange operating in a State that has a State law grace period in place, such State law grace period; and*

(II) *in the case of an Exchange operating in a State that does not have a State law grace period in place, a 1-month grace period.*

(D) STATE LAW GRACE PERIOD.—*For purposes of subparagraph (C), the term “State law grace period” means, with respect to a State, a grace period for nonpayment of premiums before discontinuing coverage that is applicable under the State law to health insurance coverage offered in the individual market of the State.*

(3) COST-SHARING REDUCTIONS.—The Secretary shall also notify the Secretary of the Treasury and the Exchange under paragraph (1) if an advance payment of the cost-sharing reductions under section 1402 is to be made to the issuer of any qualified health plan with respect to any individual enrolled in the plan. The Secretary of the Treasury shall make such advance payment at such time and in such amount as the Secretary specifies in the notice. *The requirements of paragraph (2)(B)(iv) apply to an issuer of a qualified health plan receiving an advanced payment under this paragraph in the same manner and to the same extent that such requirements apply to an issuer of a qualified health plan receiving an advanced payment under paragraph (2)(A).*

(d) NO FEDERAL PAYMENTS FOR INDIVIDUALS NOT LAWFULLY PRESENT.—Nothing in this subtitle or the amendments made by this subtitle allows Federal payments, credits, or cost-sharing reductions for individuals who are not lawfully present in the United States.

(e) STATE FLEXIBILITY.—Nothing in this subtitle or the amendments made by this subtitle shall be construed to prohibit a State from making payments to or on behalf of an individual for coverage under a qualified health plan offered through an Exchange that are in addition to any credits or cost-sharing reductions allowable to the individual under this subtitle and such amendments.

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TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH

Subtitle A—Modernizing Disease Prevention and Public Health Systems

* * * * *

SEC. 4002. PREVENTION AND PUBLIC HEALTH FUND.

(a) PURPOSE.—It is the purpose of this section to establish a Prevention and Public Health Fund (referred to in this section as the “Fund”), to be administered through the Department of Health and Human Services, Office of the Secretary, to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.

(b) FUNDING.—There are hereby authorized to be appropriated, and appropriated, to the Fund, out of any monies in the Treasury not otherwise appropriated—

(1) for fiscal year 2010, \$500,000,000;

(2) for each of fiscal years 2012 through 2017, \$1,000,000,000;

[(3) for each of fiscal years 2018 and 2019, \$900,000,000;

[(4) for each of fiscal years 2020 and 2021, \$1,000,000,000;

and

[(5) for fiscal year 2022, \$1,500,000,000;

[(6) for fiscal year 2023, \$1,000,000,000;

[(7) for fiscal year 2024, \$1,700,000,000; and

[(8) for fiscal year 2025 and each fiscal year thereafter, \$2,000,000,000.]

(3) for fiscal year 2018, \$900,000,000;

(4) for fiscal year 2019, \$500,000,000;

(5) for fiscal year 2020, \$500,000,000;

(6) for fiscal year 2021, \$500,000,000;

(7) for fiscal year 2022, \$500,000,000;

(8) for fiscal year 2023, \$500,000,000;

(9) for fiscal year 2024, \$500,000,000;

(10) for fiscal year 2025, \$750,000,000;

(11) for fiscal year 2026, \$1,000,000,000; and

(12) for fiscal year 2027 and each fiscal year thereafter, \$2,000,000,000.

(c) USE OF FUND.—The Secretary shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for pro-

grams authorized by the Public Health Service Act, for prevention, wellness, and public health activities including prevention research, health screenings, and initiatives, such as the Community Transformation grant program, the Education and Outreach Campaign Regarding Preventive Benefits, and immunization programs.

(d) TRANSFER AUTHORITY.—The Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives may provide for the transfer of funds in the Fund to eligible activities under this section, subject to subsection (c).

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TITLE X—STRENGTHENING QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

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Subtitle E—Provisions Relating to Title V

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SEC. 10503. COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND.

(a) PURPOSE.—It is the purpose of this section to establish a Community Health Center Fund (referred to in this section as the “CHC Fund”), to be administered through the Office of the Secretary of the Department of Health and Human Services to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps.

(b) FUNDING.—There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, to the CHC Fund—

(1) to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the community health center program under section 330 of the Public Health Service Act—

- (A) \$1,000,000,000 for fiscal year 2011;
- (B) \$1,200,000,000 for fiscal year 2012;
- (C) \$1,500,000,000 for fiscal year 2013;
- (D) \$2,200,000,000 for fiscal year 2014; and
- (E) \$3,600,000,000 for each of fiscal years 2015 through [2017] 2019; and

(2) to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the National Health Service Corps—

- (A) \$290,000,000 for fiscal year 2011;
- (B) \$295,000,000 for fiscal year 2012;
- (C) \$300,000,000 for fiscal year 2013;
- (D) \$305,000,000 for fiscal year 2014; and
- (E) \$310,000,000 for each of fiscal years 2015 through [2017] 2019.

(c) CONSTRUCTION.—There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, \$1,500,000,000 to be available for fiscal years 2011 through 2015 to be used by the Secretary of Health and Human Services for the construction and renovation of community health centers.

(d) USE OF FUND.—The Secretary of Health and Human Services shall transfer amounts in the CHC Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for community health centers and the National Health Service Corps.

(e) AVAILABILITY.—Amounts appropriated under subsections (b) and (c) shall remain available until expended.

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PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART D—PRIMARY HEALTH CARE

Subpart I—Health Centers

SEC. 330. HEALTH CENTERS.

(a) DEFINITION OF HEALTH CENTER.—

(1) IN GENERAL.—For purposes of this section, the term “health center” means an entity that serves a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing, by providing, either through the staff and supporting resources of the center or through contracts or cooperative arrangements—

(A) required primary health services (as defined in subsection (b)(1)); and

(B) as may be appropriate for particular centers, additional health services (as defined in subsection (b)(2)) necessary for the adequate support of the primary health services required under subparagraph (A); for all residents of the area served by the center (hereafter referred to in this section as the “catchment area”).

(2) LIMITATION.—The requirement in paragraph (1) to provide services for all residents within a catchment area shall not apply in the case of a health center receiving a grant only under subsection (g), (h), or (i).

(b) DEFINITIONS.—For purposes of this section:

(1) REQUIRED PRIMARY HEALTH SERVICES.—

(A) IN GENERAL.—The term “required primary health services” means—

(i) basic health services which, for purposes of this section, shall consist of—

(I) health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives;

(II) diagnostic laboratory and radiologic services;

(III) preventive health services, including—

(aa) prenatal and perinatal services;

(bb) appropriate cancer screening;

(cc) well-child services;

(dd) immunizations against vaccine-preventable diseases;

(ee) screenings for elevated blood lead levels, communicable diseases, and cholesterol;

(ff) pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care;

(gg) voluntary family planning services; and

(hh) preventive dental services;

(IV) emergency medical services; and

(V) pharmaceutical services as may be appropriate for particular centers;

(ii) referrals to providers of medical services (including specialty referral when medically indicated) and other health-related services (including substance [abuse] *use disorder* and mental health services);

(iii) patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services;

(iv) services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals); and

(v) education of patients and the general population served by the health center regarding the availability and proper use of health services.

(B) EXCEPTION.—With respect to a health center that receives a grant only under subsection (g), the Secretary, upon a showing of good cause, shall—

(i) waive the requirement that the center provide all required primary health services under this paragraph; and

(ii) approve, as appropriate, the provision of certain required primary health services only during certain periods of the year.

(2) ADDITIONAL HEALTH SERVICES.—The term “additional health services” means services that are not included as re-

quired primary health services and that are appropriate to meet the health needs of the population served by the health center involved. Such term may include—

- (A) behavioral and mental health and substance [abuse] *use disorder* services;
- (B) recuperative care services;
- (C) environmental health services, including—
 - (i) the detection and alleviation of unhealthful conditions associated with—
 - (I) water supply;
 - (II) chemical and pesticide exposures;
 - (III) air quality; or
 - (IV) exposure to lead;
 - (ii) sewage treatment;
 - (iii) solid waste disposal;
 - (iv) rodent and parasitic infestation;
 - (v) field sanitation;
 - (vi) housing; and
 - (vii) other environmental factors related to health;
- and
- (D) in the case of health centers receiving grants under subsection (g), special occupation-related health services for migratory and seasonal agricultural workers, including—
 - (i) screening for and control of infectious diseases, including parasitic diseases; and
 - (ii) injury prevention programs, including prevention of exposure to unsafe levels of agricultural chemicals including pesticides.

(3) MEDICALLY UNDERSERVED POPULATIONS.—

(A) IN GENERAL.—The term “medically underserved population” means the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services.

(B) CRITERIA.—In carrying out subparagraph (A), the Secretary shall prescribe criteria for determining the specific shortages of personal health services of an area or population group. Such criteria shall—

- (i) take into account comments received by the Secretary from the chief executive officer of a State and local officials in a State; and
- (ii) include factors indicative of the health status of a population group or residents of an area, the ability of the residents of an area or of a population group to pay for health services and their accessibility to them, and the availability of health professionals to residents of an area or to a population group.

(C) LIMITATION.—The Secretary may not designate a medically underserved population in a State or terminate the designation of such a population unless, prior to such designation or termination, the Secretary provides reasonable notice and opportunity for comment and consults with—

- (i) the chief executive officer of such State;

- (ii) local officials in such State; and
- (iii) the organization, if any, which represents a majority of health centers in such State.

(D) PERMISSIBLE DESIGNATION.—The Secretary may designate a medically underserved population that does not meet the criteria established under subparagraph (B) if the chief executive officer of the State in which such population is located and local officials of such State recommend the designation of such population based on unusual local conditions which are a barrier to access to or the availability of personal health services.

(c) PLANNING GRANTS.—

(1) **IN GENERAL.—** *CENTERS.*—

(A) CENTERS.—The Secretary may make grants to public and nonprofit private entities for projects to plan and develop health centers which will serve medically underserved populations. A project for which a grant may be made under this subsection may include the cost of the acquisition and lease of buildings and equipment (including the costs of amortizing the principal of, and paying the interest on, loans) and shall include—

(i) (A) an assessment of the need that the population proposed to be served by the health center for which the project is undertaken has for required primary health services and additional health services;

(ii) (B) the design of a health center program for such population based on such assessment;

(iii) (C) efforts to secure, within the proposed catchment area of such center, financial and professional assistance and support for the project;

(iv) (D) initiation and encouragement of continuing community involvement in the development and operation of the project; and

(v) (E) proposed linkages between the center and other appropriate provider entities, such as health departments, local hospitals, and rural health clinics, to provide better coordinated, higher quality, and more cost-effective health care services.

(B) MANAGED CARE NETWORKS AND PLANS.—The Secretary may make grants to health centers that receive assistance under this section to enable the centers to plan and develop a managed care network or plan. Such a grant may only be made for such a center if—

(i) the center has received grants under subsection (e)(1)(A) for at least 2 consecutive years preceding the year of the grant under this subparagraph or has otherwise demonstrated, as required by the Secretary, that such center has been providing primary care services for at least the 2 consecutive years immediately preceding such year; and

(ii) the center provides assurances satisfactory to the Secretary that the provision of such services on a prepaid basis, or under another managed care arrangement, will not result in the diminution of the level or quality of health services provided to the

medically underserved population served prior to the grant under this subparagraph.

[(C) PRACTICE MANAGEMENT NETWORKS.—The Secretary may make grants to health centers that receive assistance under this section to enable the centers to plan and develop practice management networks that will enable the centers to—

[(i) reduce costs associated with the provision of health care services;

[(ii) improve access to, and availability of, health care services provided to individuals served by the centers;

[(iii) enhance the quality and coordination of health care services; or

[(iv) improve the health status of communities.

[(D) USE OF FUNDS.—The activities for which a grant may be made under subparagraph (B) or (C) may include the purchase or lease of equipment, which may include data and information systems (including paying for the costs of amortizing the principal of, and paying the interest on, loans for equipment), the provision of training and technical assistance related to the provision of health care services on a prepaid basis or under another managed care arrangement, and other activities that promote the development of practice management or managed care networks and plans.]

(2) LIMITATION.—Not more than two grants may be made under this subsection for the same project, except that upon a showing of good cause, the Secretary may make additional grant awards.

(3) RECOGNITION OF HIGH POVERTY.—

(A) IN GENERAL.—In making grants under this subsection, the Secretary may recognize the unique needs of high poverty areas.

(B) HIGH POVERTY AREA DEFINED.—For purposes of subparagraph (A), the term “high poverty area” means a catchment area which is established in a manner that is consistent with the factors in subsection (k)(3)(J), and the poverty rate of which is greater than the national average poverty rate as determined by the Bureau of the Census.

[(d) LOAN GUARANTEE PROGRAM.—

[(1) ESTABLISHMENT.—

[(A) IN GENERAL.—The Secretary shall establish a program under which the Secretary may, in accordance with this subsection and to the extent that appropriations are provided in advance for such program, guarantee up to 90 percent of the principal and interest on loans made by non-Federal lenders to health centers, funded under this section, for the costs of developing and operating managed care networks or plans described in subsection (c)(1)(B), or practice management networks described in subsection (c)(1)(C).

[(B) USE OF FUNDS.—Loan funds guaranteed under this subsection may be used—

[(i) to establish reserves for the furnishing of services on a pre-paid basis;

[(ii) for costs incurred by the center or centers, otherwise permitted under this section, as the Secretary determines are necessary to enable a center or centers to develop, operate, and own the network or plan; or

[(iii) to refinance an existing loan (as of the date of refinancing) to the center or centers, if the Secretary determines—

[(I) that such refinancing will be beneficial to the health center and the Federal Government; or

[(II) that the center (or centers) can demonstrate an ability to repay the refinanced loan equal to or greater than the ability of the center (or centers) to repay the original loan on the date the original loan was made.

[(C) PUBLICATION OF GUIDANCE.—Prior to considering an application submitted under this subsection, the Secretary shall publish guidelines to provide guidance on the implementation of this section. The Secretary shall make such guidelines available to the universe of parties affected under this subsection, distribute such guidelines to such parties upon the request of such parties, and provide a copy of such guidelines to the appropriate committees of Congress.

[(D) PROVISION DIRECTLY TO NETWORKS OR PLANS.—At the request of health centers receiving assistance under this section, loan guarantees provided under this paragraph may be made directly to networks or plans that are at least majority controlled and, as applicable, at least majority owned by those health centers.

[(E) FEDERAL CREDIT REFORM.—The requirements of the Federal Credit Reform Act of 1990 (2 U.S.C. 661 et seq.) shall apply with respect to loans refinanced under subparagraph (B)(iii).

[(2) PROTECTION OF FINANCIAL INTERESTS.—

[(A) IN GENERAL.—The Secretary may not approve a loan guarantee for a project under this subsection unless the Secretary determines that—

[(i) the terms, conditions, security (if any), and schedule and amount of repayments with respect to the loan are sufficient to protect the financial interests of the United States and are otherwise reasonable, including a determination that the rate of interest does not exceed such percent per annum on the principal obligation outstanding as the Secretary determines to be reasonable, taking into account the range of interest rates prevailing in the private market for similar loans and the risks assumed by the United States, except that the Secretary may not require as security any center asset that is, or may be, needed by the center or centers involved to provide health services;

[(ii) the loan would not be available on reasonable terms and conditions without the guarantee under this subsection; and

[(iii) amounts appropriated for the program under this subsection are sufficient to provide loan guarantees under this subsection.

[(B) RECOVERY OF PAYMENTS.—

[(i) IN GENERAL.—The United States shall be entitled to recover from the applicant for a loan guarantee under this subsection the amount of any payment made pursuant to such guarantee, unless the Secretary for good cause waives such right of recovery (subject to appropriations remaining available to permit such a waiver) and, upon making any such payment, the United States shall be subrogated to all of the rights of the recipient of the payments with respect to which the guarantee was made. Amounts recovered under this clause shall be credited as reimbursements to the financing account of the program.

[(ii) MODIFICATION OF TERMS AND CONDITIONS.—To the extent permitted by clause (iii) and subject to the requirements of section 504(e) of the Credit Reform Act of 1990 (2 U.S.C. 661c(e)), any terms and conditions applicable to a loan guarantee under this subsection (including terms and conditions imposed under clause (iv)) may be modified or waived by the Secretary to the extent the Secretary determines it to be consistent with the financial interest of the United States.

[(iii) INCONTESTABILITY.—Any loan guarantee made by the Secretary under this subsection shall be incontestable—

[(I) in the hands of an applicant on whose behalf such guarantee is made unless the applicant engaged in fraud or misrepresentation in securing such guarantee; and

[(II) as to any person (or successor in interest) who makes or contracts to make a loan to such applicant in reliance thereon unless such person (or successor in interest) engaged in fraud or misrepresentation in making or contracting to make such loan.

[(iv) FURTHER TERMS AND CONDITIONS.—Guarantees of loans under this subsection shall be subject to such further terms and conditions as the Secretary determines to be necessary to assure that the purposes of this section will be achieved.

[(3) LOAN ORIGATION FEES.—

[(A) IN GENERAL.—The Secretary shall collect a loan origination fee with respect to loans to be guaranteed under this subsection, except as provided in subparagraph (C).

[(B) AMOUNT.—The amount of a loan origination fee collected by the Secretary under subparagraph (A) shall be equal to the estimated long term cost of the loan guarantees involved to the Federal Government (excluding administrative costs), calculated on a net present value basis, after taking into account any appropriations that may be

made for the purpose of offsetting such costs, and in accordance with the criteria used to award loan guarantees under this subsection.

【(C) WAIVER.—The Secretary may waive the loan origination fee for a health center applicant who demonstrates to the Secretary that the applicant will be unable to meet the conditions of the loan if the applicant incurs the additional cost of the fee.

【(4) DEFAULTS.—

【(A) IN GENERAL.—Subject to the requirements of the Credit Reform Act of 1990 (2 U.S.C. 661 et seq.), the Secretary may take such action as may be necessary to prevent a default on a loan guaranteed under this subsection, including the waiver of regulatory conditions, deferral of loan payments, renegotiation of loans, and the expenditure of funds for technical and consultative assistance, for the temporary payment of the interest and principal on such a loan, and for other purposes. Any such expenditure made under the preceding sentence on behalf of a health center or centers shall be made under such terms and conditions as the Secretary shall prescribe, including the implementation of such organizational, operational, and financial reforms as the Secretary determines are appropriate and the disclosure of such financial or other information as the Secretary may require to determine the extent of the implementation of such reforms.

【(B) FORECLOSURE.—The Secretary may take such action, consistent with State law respecting foreclosure procedures and, with respect to reserves required for furnishing services on a prepaid basis, subject to the consent of the affected States, as the Secretary determines appropriate to protect the interest of the United States in the event of a default on a loan guaranteed under this subsection, except that the Secretary may only foreclose on assets offered as security (if any) in accordance with paragraph (2)(A)(i).

【(5) LIMITATION.—Not more than one loan guarantee may be made under this subsection for the same network or plan, except that upon a showing of good cause the Secretary may make additional loan guarantees.

【(6) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection such sums as may be necessary.】

(d) IMPROVING QUALITY OF CARE.—

(1) SUPPLEMENTAL AWARDS.—*The Secretary may award supplemental grant funds to health centers funded under this section to implement evidence-based models for increasing access to high-quality primary care services, which may include models related to—*

- (A) *improving the delivery of care for individuals with multiple chronic conditions;*
- (B) *workforce configuration;*
- (C) *reducing the cost of care;*
- (D) *enhancing care coordination;*

(E) expanding the use of telehealth and technology-enabled collaborative learning and capacity building models;

(F) care integration, including integration of behavioral health, mental health, or substance use disorder services; and

(G) addressing emerging public health or substance use disorder issues to meet the health needs of the population served by the health center.

(2) SUSTAINABILITY.—In making supplemental awards under this subsection, the Secretary may consider whether the health center involved has submitted a plan for continuing the activities funded under this subsection after supplemental funding is expended.

(3) SPECIAL CONSIDERATION.—The Secretary may give special consideration to applications for supplemental funding under this subsection that seek to address significant barriers to access to care in areas with a greater shortage of health care providers and health services relative to the national average.

(e) OPERATING GRANTS.—

(1) AUTHORITY.—

(A) IN GENERAL.—The Secretary may make grants for the costs of the operation of public and nonprofit private health centers that provide health services to medically underserved populations.

(B) ENTITIES THAT FAIL TO MEET CERTAIN REQUIREMENTS.—The Secretary may make grants, for a period of not to exceed **2 years** *1 year*, for the costs of the operation of public and nonprofit private entities which provide health services to medically underserved populations but with respect to which the Secretary is unable to make each of the determinations required by subsection (k)(3). *The Secretary shall not make a grant under this paragraph unless the applicant provides assurances to the Secretary that within 120 days of receiving grant funding for the operation of the health center, the applicant will submit, for approval by the Secretary, an implementation plan to meet the requirements of subsection (l)(3). The Secretary may extend such 120-day period for achieving compliance upon a demonstration of good cause by the health center.*

(C) OPERATION OF NETWORKS **AND PLANS**.—The Secretary may make grants to health centers that receive assistance under this section, or at the request of the health centers, directly to a network **or plan** (as described in subparagraphs (B) and (C) of subsection (c)(1)) that is at least majority controlled and, as applicable, at least majority owned by such health centers receiving assistance under this section, for the costs associated with the operation of such network **or plan, including the purchase** including—

(i) *the purchase or lease of equipment, which may include data and information systems* (including the costs of amortizing the principal of, and paying the interest on, loans for equipment)**;**

(ii) *the provision of training and technical assistance; and*

(iii) *other activities that—*

(I) *reduce costs associated with the provision of health services;*

(II) *improve access to, and availability of, health services provided to individuals served by the centers;*

(III) *enhance the quality and coordination of health services; or*

(IV) *improve the health status of communities.*

(2) USE OF FUNDS.—The costs for which a grant may be made under subparagraph (A) or (B) of paragraph (1) may include the costs of acquiring and leasing buildings and equipment (including the costs of amortizing the principal of, and paying interest on, loans), and the costs of providing training related to the provision of required primary health services and additional health services and to the management of health center programs.

(3) CONSTRUCTION.—The Secretary may award grants which may be used to pay the costs associated with expanding and modernizing existing buildings or constructing new buildings (including the costs of amortizing the principal of, and paying the interest on, loans) for projects approved prior to October 1, 1996.

(4) LIMITATION.—Not more than two grants may be made under subparagraph (B) of paragraph (1) for the same entity.

(5) AMOUNT.—

(A) IN GENERAL.—The amount of any grant made in any fiscal year under subparagraphs (A) and (B) of paragraph (1) to a health center shall be determined by the Secretary, but may not exceed the amount by which the costs of operation of the center in such fiscal year exceed the total of—

(i) State, local, and other operational funding provided to the center; and

(ii) the fees, premiums, and third-party reimbursements, which the center may reasonably be expected to receive for its operations in such fiscal year.

(B) NETWORKS [AND PLANS].—The total amount of grant funds made available for any fiscal year under paragraph (1)(C) [and subparagraphs (B) and (C) of subsection (c)(1) to a health center or to a network or plan] *to a health center or to a network* shall be determined by the Secretary, but may not exceed 2 percent of the total amount appropriated under this section for such fiscal year.

(C) PAYMENTS.—Payments under grants under subparagraph (A) or (B) of paragraph (1) shall be made in advance or by way of reimbursement and in such installments as the Secretary finds necessary and adjustments may be made for overpayments or underpayments.

(D) USE OF NONGRANT FUNDS.—Nongrant funds described in clauses (i) and (ii) of subparagraph (A), including any such funds in excess of those originally expected, shall be used as permitted under this section, and may be used for such other purposes as are not specifically prohibited under this section if such use furthers the objectives of the project.

(f) INFANT MORTALITY GRANTS.—

(1) IN GENERAL.—The Secretary may make grants to health centers for the purpose of assisting such centers in—

(A) providing comprehensive health care and support services for the reduction of—

(i) the incidence of infant mortality; and

(ii) morbidity among children who are less than 3 years of age; and

(B) developing and coordinating service and referral arrangements between health centers and other entities for the health management of pregnant women and children described in subparagraph (A).

(2) PRIORITY.—In making grants under this subsection the Secretary shall give priority to health centers providing services to any medically underserved population among which there is a substantial incidence of infant mortality or among which there is a significant increase in the incidence of infant mortality.

(3) REQUIREMENTS.—The Secretary may make a grant under this subsection only if the health center involved agrees that—

(A) the center will coordinate the provision of services under the grant to each of the recipients of the services;

(B) such services will be continuous for each such recipient;

(C) the center will provide follow-up services for individuals who are referred by the center for services described in paragraph (1);

(D) the grant will be expended to supplement, and not supplant, the expenditures of the center for primary health services (including prenatal care) with respect to the purpose described in this subsection; and

(E) the center will coordinate the provision of services with other maternal and child health providers operating in the catchment area.

(g) NEW ACCESS POINTS AND EXPANDED SERVICES.—

(1) APPROVAL OF NEW ACCESS POINTS.—

(A) IN GENERAL.—*The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) to establish new delivery sites.*

(B) SPECIAL CONSIDERATION.—*In carrying out subparagraph (A), the Secretary may give special consideration to applicants that have demonstrated the new delivery site will be located within a sparsely populated area, or an area which has a level of unmet need that is higher relative to other applicants.*

(C) CONSIDERATION OF APPLICATIONS.—*In carrying out subparagraph (A), the Secretary shall approve applications for grants under subparagraphs (A) and (B) of subsection (e)(1) in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by the applicants involved to the medically underserved populations in urban areas which may be expected to use the services provided by the applicants is not less than two to three or greater than three to two.*

(D) *SERVICE AREA OVERLAP.*—If in carrying out subparagraph (A) the applicant proposes to serve an area that is currently served by another health center funded under this section, the Secretary may consider whether the award of funding to an additional health center in the area can be justified based on the unmet need for additional services within the catchment area.

(2) *APPROVAL OF EXPANDED SERVICE APPLICATIONS.*—

(A) *IN GENERAL.*—The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) to expand the capacity of the applicant to provide required primary health services described in subsection (b)(1) or additional health services described in subsection (b)(2).

(B) *PRIORITY EXPANSION PROJECTS.*—In carrying out subparagraph (A), the Secretary may give special consideration to expanded service applications that seek to address emerging public health or behavioral health, mental health, or substance abuse issues through increasing the availability of additional health services described in subsection (b)(2) in an area in which there are significant barriers to accessing care.

(C) *CONSIDERATION OF APPLICATIONS.*—In carrying out subparagraph (A), the Secretary shall approve applications for applicants in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by the applicants involved to the medically underserved populations in urban areas which may be expected to use the services provided by such applicants is not less than two to three or greater than three to two.

[(g)] (h) *MIGRATORY AND SEASONAL AGRICULTURAL WORKERS.*—

(1) *IN GENERAL.*—The Secretary may award grants for the purposes described in subsections (c), (e), and (f) for the planning and delivery of services to a special medically underserved population comprised of—

(A) migratory agricultural workers, seasonal agricultural workers, and members of the families of such migratory and seasonal agricultural workers who are within a designated catchment area; and

(B) individuals who have previously been migratory agricultural workers but who no longer meet the requirements of subparagraph (A) of paragraph (3) because of age or disability and members of the families of such individuals who are within such catchment area.

(2) *ENVIRONMENTAL CONCERNS.*—The Secretary may enter into grants or contracts under this subsection with public and private entities to—

(A) assist the States in the implementation and enforcement of acceptable environmental health standards, including enforcement of standards for sanitation in migratory agricultural worker and seasonal agricultural worker labor camps, and applicable Federal and State pesticide control standards; and

(B) conduct projects and studies to assist the several States and entities which have received grants or contracts under this section in the assessment of problems related to camp and field sanitation, exposure to unsafe levels of agricultural chemicals including pesticides, and other environmental health hazards to which migratory agricultural workers and seasonal agricultural workers, and members of their families, are exposed.

(3) DEFINITIONS.—For purposes of this subsection:

(A) MIGRATORY AGRICULTURAL WORKER.—The term “migratory agricultural worker” means an individual whose principal employment is in agriculture, who has been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode.

(B) SEASONAL AGRICULTURAL WORKER.—The term “seasonal agricultural worker” means an individual whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.

(C) AGRICULTURE.—The term “agriculture” means farming in all its branches, including—

(i) cultivation and tillage of the soil;

(ii) the production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land; and

(iii) any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer or on a farm incident to or in conjunction with an activity described in clause (ii).

[(h)] (i) HOMELESS POPULATION.—

(1) IN GENERAL.—The Secretary may award grants for the purposes described in subsections (c), (e), and (f) for the planning and delivery of services to a special medically underserved population comprised of homeless individuals, including grants for innovative programs that provide outreach and comprehensive primary health services to homeless children and youth [and children and youth at risk of homelessness], *children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness*.

(2) REQUIRED SERVICES.—In addition to required primary health services (as defined in subsection (b)(1)), an entity that receives a grant under this subsection shall be required to provide substance abuse services as a condition of such grant.

(3) SUPPLEMENT NOT SUPPLANT REQUIREMENT.—A grant awarded under this subsection shall be expended to supplement, and not supplant, the expenditures of the health center and the value of in kind contributions for the delivery of services to the population described in paragraph (1).

(4) TEMPORARY CONTINUED PROVISION OF SERVICES TO CERTAIN FORMER HOMELESS INDIVIDUALS.—If any grantee under this subsection has provided services described in this section under the grant to a homeless individual, such grantee may, notwithstanding that the individual is no longer homeless as a result of becoming a resident in permanent housing, expend

the grant to continue to provide such services to the individual for not more than 12 months.

(5) DEFINITIONS.—For purposes of this section:

(A) HOMELESS INDIVIDUAL.—The term “homeless individual” means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

[(B) SUBSTANCE ABUSE.—The term “substance abuse” has the same meaning given such term in section 534(4).

[(C) (B) SUBSTANCE [ABUSE] USE DISORDER SERVICES.—The term “substance abuse services” includes detoxification, risk reduction, outpatient treatment, residential treatment, and rehabilitation for substance [abuse] *use disorder* provided in settings other than hospitals.

[(i) (j) RESIDENTS OF PUBLIC HOUSING.—

(1) IN GENERAL.—The Secretary may award grants for the purposes described in subsections (c), (e), and (f) for the planning and delivery of services to a special medically underserved population comprised of residents of public housing (such term, for purposes of this subsection, shall have the same meaning given such term in section 3(b)(1) of the United States Housing Act of 1937) and individuals living in areas immediately accessible to such public housing.

(2) SUPPLEMENT NOT SUPPLANT.—A grant awarded under this subsection shall be expended to supplement, and not supplant, the expenditures of the health center and the value of in kind contributions for the delivery of services to the population described in paragraph (1).

(3) CONSULTATION WITH RESIDENTS.—The Secretary may not make a grant under paragraph (1) unless, with respect to the residents of the public housing involved, the applicant for the grant—

(A) has consulted with the residents in the preparation of the application for the grant; and

(B) agrees to provide for ongoing consultation with the residents regarding the planning and administration of the program carried out with the grant.

[(j) (k) ACCESS GRANTS.—

(1) IN GENERAL.—The Secretary may award grants to eligible health centers with a substantial number of clients with limited English speaking proficiency to provide translation, interpretation, and other such services for such clients with limited English speaking proficiency.

(2) ELIGIBLE HEALTH CENTER.—In this subsection, the term “eligible health center” means an entity that—

(A) is a health center as defined under subsection (a);

(B) provides health care services for clients for whom English is a second language; and

(C) has exceptional needs with respect to linguistic access or faces exceptional challenges with respect to linguistic access.

(3) GRANT AMOUNT.—The amount of a grant awarded to a center under this subsection shall be determined by the Administrator. Such determination of such amount shall be based on the number of clients for whom English is a second language that is served by such center, and larger grant amounts shall be awarded to centers serving larger numbers of such clients.

(4) USE OF FUNDS.—An eligible health center that receives a grant under this subsection may use funds received through such grant to—

(A) provide translation, interpretation, and other such services for clients for whom English is a second language, including hiring professional translation and interpretation services; and

(B) compensate bilingual or multilingual staff for language assistance services provided by the staff for such clients.

(5) APPLICATION.—An eligible health center desiring a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including—

(A) an estimate of the number of clients that the center serves for whom English is a second language;

(B) the ratio of the number of clients for whom English is a second language to the total number of clients served by the center;

(C) a description of any language assistance services that the center proposes to provide to aid clients for whom English is a second language; and

(D) a description of the exceptional needs of such center with respect to linguistic access or a description of the exceptional challenges faced by such center with respect to linguistic access.

(6) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection, in addition to any funds authorized to be appropriated or appropriated for health centers under any other subsection of this section, such sums as may be necessary for each of fiscal years 2002 through 2006.

[(k)] (l) APPLICATIONS.—

(1) SUBMISSION.—No grant may be made under this section unless an application therefore is submitted to, and approved by, the Secretary. Such an application shall be submitted in such form and manner and shall contain such information as the Secretary shall prescribe.

(2) DESCRIPTION OF UNMET NEED.—An application for a grant under subparagraph (A) or (B) of subsection (e)(1) and an application for a grant under subsection (g) for a health center shall include—

(A) a description of the *unmet* need for health services in the catchment area of the center;

(B) a demonstration by the applicant that the area or the population group to be served by the applicant has a shortage of personal health services; [and]

(C) a demonstration that the center will be located so that it will provide services to the greatest number of individuals residing in the catchment area or included in such population group【.】; and

(D) in the case of an application for a grant pursuant to subsection (g)(1), a demonstration that the applicant has consulted with appropriate State and local government agencies, and health care providers regarding the need for the health services to be provided at the proposed delivery site.

Such a demonstration shall be made on the basis of the criteria prescribed by the Secretary under subsection (b)(3) or on any other criteria which the Secretary may prescribe to determine if the area or population group to be served by the applicant has a shortage of personal health services. In considering an application for a grant under subparagraph (A) or (B) of subsection (e)(1), the Secretary may require as a condition to the approval of such application an assurance that the applicant will provide any health service defined under paragraphs (1) and (2) of subsection (b) that the Secretary finds is needed to meet specific health needs of the area to be served by the applicant. Such a finding shall be made in writing and a copy shall be provided to the applicant.

(3) REQUIREMENTS.—Except as provided in subsection (e)(1)(B) or subsection (g), the Secretary may not approve an application for a grant under subparagraph (A) or (B) of subsection (e)(1) unless the Secretary determines that the entity for which the application is submitted is a health center (within the meaning of subsection (a)) and that—

(A) the required primary health services of the center will be available and accessible in the catchment area of the center promptly, as appropriate, and in a manner which assures continuity;

(B) the center has made and will continue to make every reasonable effort to establish and maintain collaborative relationships with other health care providers 【in the catchment area of the center】, *including other health care providers that provide care within the catchment area, local hospitals, and specialty providers in the catchment area of the center, to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments;*

(C) the center will have an ongoing quality improvement system that includes clinical services and management, and that maintains the confidentiality of patient records;

(D) the center will demonstrate its financial responsibility by the use of such accounting procedures and other requirements as may be prescribed by the Secretary;

(E) the center—

(i)(I) has or will have a contractual or other arrangement with the agency of the State, in which it provides services, which administers or supervises the administration of a State plan approved under title XIX of the Social Security Act for the payment of all or a part of the center's costs in providing health services

to persons who are eligible for medical assistance under such a State plan; and

(II) has or will have a contractual or other arrangement with the State agency administering the program under title XXI of such Act (42 U.S.C. 1397aa et seq.) with respect to individuals who are State children's health insurance program beneficiaries; or

(ii) has made or will make every reasonable effort to enter into arrangements described in subclauses (I) and (II) of clause (i);

(F) the center has made or will make and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing health services to persons who are entitled to insurance benefits under title XVIII of the Social Security Act, to medical assistance under a State plan approved under title XIX of such Act, or to assistance for medical expenses under any other public assistance program or private health insurance program;

(G) the center—

(i) has prepared a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and has prepared a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the patient's ability to pay;

(ii) has made and will continue to make every reasonable effort—

(I) to secure from patients payment for services in accordance with such schedules; and

(II) to collect reimbursement for health services to persons described in subparagraph (F) on the basis of the full amount of fees and payments for such services without application of any discount;

(iii)(I) will assure that no patient will be denied health care services due to an individual's inability to pay for such services; and

(II) will assure that any fees or payments required by the center for such services will be reduced or waived to enable the center to fulfill the assurance described in subclause (I); and

(iv) has submitted to the Secretary such reports as the Secretary may require to determine compliance with this subparagraph;

(H) the center has established a governing board which except in the case of an entity operated by an Indian tribe or tribal or Indian organization under the Indian Self-Determination Act or an urban Indian organization under the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.)—

(i) is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center;

(ii) meets at least once a month, selects the services to be provided by the center, schedules the hours during which such services will be provided, approves the center's annual budget, approves the selection of a director for the center *who shall be directly employed by the center*, and, except in the case of a governing board of a public center (as defined in the second sentence of this paragraph), establishes general policies for the center; and

(iii) in the case of an application for a second or subsequent grant for a public center, has approved the application or if the governing body has not approved the application, the failure of the governing body to approve the application was unreasonable;

except that, upon a showing of good cause the Secretary shall waive, for the length of the project period, all or part of the requirements of this subparagraph in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p);

(I) the center has developed—

(i) an overall plan and budget that meets the requirements of the Secretary; and

(ii) an effective procedure for compiling and reporting to the Secretary such statistics and other information as the Secretary may require relating to—

(I) the costs of its operations;

(II) the patterns of use of its services;

(III) the availability, accessibility, and acceptability of its services; and

(IV) such other matters relating to operations of the applicant as the Secretary may require;

(J) the center will review periodically its catchment area to—

(i) ensure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the residents of the area promptly and as appropriate;

(ii) ensure that the boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs; and

(iii) ensure that the boundaries of such area eliminate, to the extent possible, barriers to access to the services of the center, including barriers resulting from the area's physical characteristics, its residential patterns, its economic and social grouping, and available transportation;

(K) in the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has—

(i) developed a plan and made arrangements responsive to the needs of such population for providing serv-

ices to the extent practicable in the language and cultural context most appropriate to such individuals; and

(ii) identified an individual on its staff who is fluent in both that language and in English and whose responsibilities shall include providing guidance to such individuals and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences;

(L) the center, has developed an ongoing referral relationship with one or more hospitals; **and**

(M) the center encourages persons receiving or seeking health services from the center to participate in any public or private (including employer-offered) health programs or plans for which the persons are eligible, so long as the center, in complying with this subparagraph, does not violate the requirements of subparagraph (G)(iii)(I); **and**

(N) the center has written policies and procedures in place to ensure the appropriate use of Federal funds in compliance with applicable Federal statutes, regulations, and the terms and conditions of the Federal award.

For purposes of subparagraph (H), the term “public center” means a health center funded (or to be funded) through a grant under this section to a public agency.

[(4) APPROVAL OF NEW OR EXPANDED SERVICE APPLICATIONS.—The Secretary shall approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) for health centers which—

[(A) have not received a previous grant under such subsection; or

[(B) have applied for such a grant to expand their services;

in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by such centers to the medically underserved populations in urban areas which may be expected to use the services provided by such centers is not less than two to three or greater than three to two.]

[(1) (m) TECHNICAL ASSISTANCE.—The Secretary shall establish a program through which the Secretary shall provide (either through the Department of Health and Human Services or by grant or contract) technical and other assistance to eligible entities to assist such entities to meet the requirements of subsection (k)(3). Services provided through the program may include necessary technical and nonfinancial assistance, including fiscal and program management assistance, training in fiscal and program management, operational and administrative support, and the provision of information to the entities of the variety of resources available under this title and how those resources can be best used to meet the health needs of the communities served by the entities. *Funds expended to carry out activities under this subsection and operational support activities under subsection (n) shall not exceed 3 percent of the amount appropriated for this section for the fiscal year involved.*

[(m)] *(n)* MEMORANDUM OF AGREEMENT.—In carrying out this section, the Secretary may enter into a memorandum of agreement with a State. Such memorandum may include, where appropriate, provisions permitting such State to—

(1) analyze the need for primary health services for medically underserved populations within such State;

(2) assist in the planning and development of new health centers;

(3) review and comment upon annual program plans and budgets of health centers, including comments upon allocations of health care resources in the State;

(4) assist health centers in the development of clinical practices and fiscal and administrative systems through a technical assistance plan which is responsive to the requests of health centers; and

(5) share information and data relevant to the operation of new and existing health centers.

[(n)] *(o)* RECORDS.—

(1) IN GENERAL.—Each entity which receives a grant under subsection (e) shall establish and maintain such records as the Secretary shall require.

(2) AVAILABILITY.—Each entity which is required to establish and maintain records under this subsection shall make such books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying or mechanical reproduction on or off the premises of such entity upon a reasonable request therefore. The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have the authority to conduct such examination, copying, and reproduction.

[(o)] *(p)* DELEGATION OF AUTHORITY.—The Secretary may delegate the authority to administer the programs authorized by this section to any office, except that the authority to enter into, modify, or issue approvals with respect to grants or contracts may be delegated only within the central office of the Health Resources and Services Administration.

[(p)] *(q)* SPECIAL CONSIDERATION.—In making grants under this section, the Secretary shall give special consideration to the unique needs of sparsely populated rural areas, including giving priority in the awarding of **[(grants for new health centers under subsections (c) and (e)]** *operating grants under subsection (e), applications for new access points and expanded service pursuant to subsection (g),* and the granting of waivers as appropriate and permitted under subsections (b)(1)(B)(i) and (k)(3)(G).

[(q)] *(r)* AUDITS.—

(1) IN GENERAL.—Each entity which receives a grant under this section shall provide for an independent annual financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under such grant and such other funds received by or allocated to the project for which such grant was made. For purposes of assuring accurate, current, and complete disclosure of the disposition or use of the funds received, each

such audit shall be conducted in accordance with generally accepted accounting principles. Each audit shall evaluate—

(A) the entity's implementation of the guidelines established by the Secretary respecting cost accounting,

(B) the processes used by the entity to meet the financial and program reporting requirements of the Secretary, and

(C) the billing and collection procedures of the entity and the relation of the procedures to its fee schedule and schedule of discounts and to the availability of health insurance and public programs to pay for the health services it provides.

A report of each such audit shall be filed with the Secretary at such time and in such manner as the Secretary may require.

(2) RECORDS.—Each entity which receives a grant under this section shall establish and maintain such records as the Secretary shall by regulation require to facilitate the audit required by paragraph (1). The Secretary may specify by regulation the form and manner in which such records shall be established and maintained.

(3) AVAILABILITY OF RECORDS.—Each entity which is required to establish and maintain records or to provide for and audit under this subsection shall make such books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying or mechanical reproduction on or off the premises of such entity upon a reasonable request therefore. The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have the authority to conduct such examination, copying, and reproduction.

(4) WAIVER.—The Secretary may, under appropriate circumstances, waive the application of all or part of the requirements of this subsection with respect to an entity. *A waiver provided by the Secretary under this paragraph may not remain in effect for more than 1 year and may not be extended after such period. An entity may not receive more than one waiver under this paragraph in consecutive years.*

[(r)] (s) AUTHORIZATION OF APPROPRIATIONS.—

(1) GENERAL AMOUNTS FOR GRANTS.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there is authorized to be appropriated the following:

(A) For fiscal year 2010, \$2,988,821,592.

(B) For fiscal year 2011, \$3,862,107,440.

(C) For fiscal year 2012, \$4,990,553,440.

(D) For fiscal year 2013, \$6,448,713,307.

(E) For fiscal year 2014, \$7,332,924,155.

(F) For fiscal year 2015, \$8,332,924,155.

(G) For fiscal year 2016, and each subsequent fiscal year, the amount appropriated for the preceding fiscal year adjusted by the product of—

(i) one plus the average percentage increase in costs incurred per patient served; and

(ii) one plus the average percentage increase in the total number of patients served.

(2) SPECIAL PROVISIONS.—

(A) PUBLIC CENTERS.—The Secretary may not expend in any fiscal year, for grants under this section to public centers (as defined in the second sentence of subsection (k)(3)) the governing boards of which (as described in subsection (k)(3)(H)) do not establish general policies for such centers, an amount which exceeds 5 percent of the amounts appropriated under this section for that fiscal year. For purposes of applying the preceding sentence, the term “public centers” shall not include health centers that receive grants pursuant to subsection (h) or (i).

(B) DISTRIBUTION OF GRANTS.—For fiscal year 2002 and each of the following fiscal years, the Secretary, in awarding grants under this section, shall ensure that the proportion of the amount made available under each of subsections (g), (h), and (i), relative to the total amount appropriated to carry out this section for that fiscal year, is equal to the proportion of the amount made available under that subsection for fiscal year 2001, relative to the total amount appropriated to carry out this section for fiscal year 2001.

(3) FUNDING REPORT.—The Secretary shall annually prepare and submit to the [appropriate committees of Congress a report concerning the distribution of funds under this section] *Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report including, at a minimum—*

(A) *the distribution of funds for carrying out this section that are provided to meet the health care needs of medically underserved populations, including the homeless, residents of public housing, and migratory and seasonal agricultural workers, and the appropriateness of the delivery systems involved in responding to the needs of the particular [populations. Such report shall include an assessment] populations;*

(B) *an assessment of the relative health care access needs of the targeted populations [and the rationale for any substantial changes in the distribution of funds.];*

(C) *the distribution of awards and funding for new or expanded services in each of rural areas and urban areas;*

(D) *the distribution of awards and funding for establishing new access points, and the number of new access points created;*

(E) *the amount of unexpended funding for loan guarantees and loan guarantee authority under title XVI;*

(F) *the rationale for any substantial changes in the distribution of funds;*

(G) *the rate of closures for health centers and access points;*

(H) *the number and reason for any grants awarded pursuant to subsection (e)(1)(B); and*

(I) *the number and reason for any waivers provided pursuant to subsection (r)(4).*

(4) RULE OF CONSTRUCTION WITH RESPECT TO RURAL HEALTH CLINICS.—

(A) IN GENERAL.—Nothing in this section shall be construed to prevent a community health center from contracting with a Federally certified rural health clinic (as defined in section 1861(aa)(2) of the Social Security Act), a low-volume hospital (as defined for purposes of section 1886 of such Act), a critical access hospital, a sole community hospital (as defined for purposes of section 1886(d)(5)(D)(iii) of such Act), or a medicare-dependent share hospital (as defined for purposes of section 1886(d)(5)(G)(iv) of such Act) for the delivery of primary health care services that are available at the clinic or hospital to individuals who would otherwise be eligible for free or reduced cost care if that individual were able to obtain that care at the community health center. Such services may be limited in scope to those primary health care services available in that clinic or hospitals.

(B) ASSURANCES.—In order for a clinic or hospital to receive funds under this section through a contract with a community health center under subparagraph (A), such clinic or hospital shall establish policies to ensure—

(i) nondiscrimination based on the ability of a patient to pay; and

(ii) the establishment of a sliding fee scale for low-income patients.

(5) FUNDING FOR PARTICIPATION OF HEALTH CENTERS IN ALL OF US RESEARCH PROGRAM.—In addition to any amounts made available pursuant to subsection (d) of this section, paragraph (1) of this subsection, section 402A of this Act, or section 10503 of the Patient Protection and Affordable Care Act, there is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, to the Secretary \$25,000,000 for fiscal year 2018 to support the participation of health centers in the All of Us Research Program under the Precision Medicine Initiative under section 498E of this Act.

[(s) DEMONSTRATION PROGRAM FOR INDIVIDUALIZED WELLNESS PLANS.—

[(1) IN GENERAL.—The Secretary shall establish a pilot program to test the impact of providing at-risk populations who utilize community health centers funded under this section an individualized wellness plan that is designed to reduce risk factors for preventable conditions as identified by a comprehensive risk-factor assessment.

[(2) AGREEMENTS.—The Secretary shall enter into agreements with not more than 10 community health centers funded under this section to conduct activities under the pilot program under paragraph (1).

[(3) WELLNESS PLANS.—

[(A) IN GENERAL.—An individualized wellness plan prepared under the pilot program under this subsection may include one or more of the following as appropriate to the individual's identified risk factors:

[(i) Nutritional counseling.

[(ii) A physical activity plan.

[(iii) Alcohol and smoking cessation counseling and services.

[(iv) Stress management.

[(v) Dietary supplements that have health claims approved by the Secretary.

[(vi) Compliance assistance provided by a community health center employee.

[(B) RISK FACTORS.—Wellness plan risk factors shall include—

[(i) weight;

[(ii) tobacco and alcohol use;

[(iii) exercise rates;

[(iv) nutritional status; and

[(v) blood pressure.

[(C) COMPARISONS.—Individualized wellness plans shall make comparisons between the individual involved and a control group of individuals with respect to the risk factors described in subparagraph (B).

[(4) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, such sums as may be necessary.]

* * * * *

SEC. 330B. SPECIAL DIABETES PROGRAMS FOR TYPE I DIABETES.

(a) **IN GENERAL.**—The Secretary, directly or through grants, shall provide for research into the prevention and cure of Type I diabetes.

(b) **FUNDING.**—

(1) **TRANSFERRED FUNDS.**—Notwithstanding section 2104(a) of the Social Security Act, from the amounts appropriated in such section for each of fiscal years 1998 through 2002, \$30,000,000 is hereby transferred and made available in such fiscal year for grants under this section.

(2) **APPROPRIATIONS.**—For the purpose of making grants under this section, there is appropriated, out of any funds in the Treasury not otherwise appropriated—

(A) \$70,000,000 for each of fiscal years 2001 and 2002 (which shall be combined with amounts transferred under paragraph (1) for each such fiscal years);

(B) \$100,000,000 for fiscal year 2003; and

(C) \$150,000,000 for each of fiscal years 2004 through [2017] 2019.

SEC. 330C. SPECIAL DIABETES PROGRAMS FOR INDIANS.

(a) **IN GENERAL.**—The Secretary shall make grants for providing services for the prevention and treatment of diabetes in accordance with subsection (b).

(b) **SERVICES THROUGH INDIAN HEALTH FACILITIES.**—For purposes of subsection (a), services under such subsection are provided in accordance with this subsection if the services are provided through any of the following entities:

(1) The Indian Health Service.

(2) An Indian health program operated by an Indian tribe or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act.

(3) An urban Indian health program operated by an urban Indian organization pursuant to a grant or contract with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.

(c) FUNDING.—

(1) TRANSFERRED FUNDS.—Notwithstanding section 2104(a) of the Social Security Act, from the amounts appropriated in such section for each of fiscal years 1998 through 2002, \$30,000,000, to remain available until expended, is hereby transferred and made available in such fiscal year for grants under this section.

(2) APPROPRIATIONS.—For the purpose of making grants under this section, there is appropriated, out of any money in the Treasury not otherwise appropriated—

(A) \$70,000,000 for each of fiscal years 2001 and 2002 (which shall be combined with amounts transferred under paragraph (1) for each such fiscal years);

(B) \$100,000,000 for fiscal year 2003;

(C) \$150,000,000 for each of fiscal years 2004 through 2017; **[and]**

(D) \$37,500,000 for the first quarter of fiscal year 2018~~].~~ *and \$112,500,000 for the period consisting of the second, third, and fourth quarters of fiscal year 2018; and*
(E) \$150,000,000 for fiscal year 2019.

* * * * *

Subpart XI —Support of Graduate Medical Education in Qualified Teaching Health Centers

SEC. 340H. PROGRAM OF PAYMENTS TO TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

[(a) PAYMENTS.—Subject to subsection (h)(2), the Secretary shall make payments under this section for direct expenses and for indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for expansion of existing or establishment of new approved graduate medical residency training programs.]

(a) PAYMENTS.—

(1) IN GENERAL.—Subject to subsection (h)(2), the Secretary shall make payments under this section for direct expenses and indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for—

(A) maintenance of existing approved graduate medical residency training programs;

(B) expansion of existing approved graduate medical residency training programs; and

(C) establishment of new approved graduate medical residency training programs, as appropriate.

(2) PRIORITY.—In making payments pursuant to paragraph (1)(C), the Secretary shall give priority to qualified teaching health centers that—

(A) *serve a health professional shortage area with a designation in effect under section 332 or a medically underserved community (as defined in section 799B); or*

(B) *are located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act).*

(b) AMOUNT OF PAYMENTS.—

(1) IN GENERAL.—Subject to paragraph (2), the amounts payable under this section to qualified teaching health centers for an approved graduate medical residency training program for a fiscal year are each of the following amounts:

(A) DIRECT EXPENSE AMOUNT.—The amount determined under subsection (c) for direct expenses associated with sponsoring approved graduate medical residency training programs.

(B) INDIRECT EXPENSE AMOUNT.—The amount determined under subsection (d) for indirect expenses associated with the additional costs relating to teaching residents in such programs.

(2) CAPPED AMOUNT.—

(A) IN GENERAL.—The total of the payments made to qualified teaching health centers under paragraph (1)(A) or paragraph (1)(B) in a fiscal year shall not exceed the amount of funds appropriated under subsection (g) for such payments for that fiscal year.

(B) LIMITATION.—The Secretary shall limit the funding of full-time equivalent residents in order to ensure the direct and indirect payments as determined under subsection (c) and (d) do not exceed the total amount of funds appropriated in a fiscal year under subsection (g).

(c) AMOUNT OF PAYMENT FOR DIRECT GRADUATE MEDICAL EDUCATION.—

(1) IN GENERAL.—The amount determined under this subsection for payments to qualified teaching health centers for direct graduate expenses relating to approved graduate medical residency training programs for a fiscal year is equal to the product of—

(A) the updated national per resident amount for direct graduate medical education, as determined under paragraph (2); and

(B) the average number of full-time equivalent residents in the teaching health center's graduate approved medical residency training programs as determined under section 1886(h)(4) of the Social Security Act (without regard to the limitation under subparagraph (F) of such section) during the fiscal year.

(2) UPDATED NATIONAL PER RESIDENT AMOUNT FOR DIRECT GRADUATE MEDICAL EDUCATION.—The updated per resident amount for direct graduate medical education for a qualified teaching health center for a fiscal year is an amount determined as follows:

(A) DETERMINATION OF QUALIFIED TEACHING HEALTH CENTER PER RESIDENT AMOUNT.—The Secretary shall compute for each individual qualified teaching health center a per resident amount—

(i) by dividing the national average per resident amount computed under section 340E(c)(2)(D) into a wage-related portion and a non-wage related portion by applying the proportion determined under subparagraph (B);

(ii) by multiplying the wage-related portion by the factor applied under section 1886(d)(3)(E) of the Social Security Act (but without application of section 4410 of the Balanced Budget Act of 1997 (42 U.S.C. 1395ww note)) during the preceding fiscal year for the teaching health center's area; and

(iii) by adding the non-wage-related portion to the amount computed under clause (ii).

(B) UPDATING RATE.—The Secretary shall update such per resident amount for each such qualified teaching health center as determined appropriate by the Secretary.

(d) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL EDUCATION.—

(1) IN GENERAL.—The amount determined under this subsection for payments to qualified teaching health centers for indirect expenses associated with the additional costs of teaching residents for a fiscal year is equal to an amount determined appropriate by the Secretary.

(2) FACTORS.—In determining the amount under paragraph (1), the Secretary shall—

(A) evaluate indirect training costs relative to supporting a primary care residency program in qualified teaching health centers; and

(B) based on this evaluation, assure that the aggregate of the payments for indirect expenses under this section and the payments for direct graduate medical education as determined under subsection (c) in a fiscal year do not exceed the amount appropriated for such expenses as determined in subsection (g).

(3) INTERIM PAYMENT.—Before the Secretary makes a payment under this subsection pursuant to a determination of indirect expenses under paragraph (1), the Secretary may provide to qualified teaching health centers a payment, in addition to any payment made under subsection (c), for expected indirect expenses associated with the additional costs of teaching residents for a fiscal year, based on an estimate by the Secretary.

(e) CLARIFICATION REGARDING RELATIONSHIP TO OTHER PAYMENTS FOR GRADUATE MEDICAL EDUCATION.—Payments under this section—

(1) shall be in addition to any payments—

(A) for the indirect costs of medical education under section 1886(d)(5)(B) of the Social Security Act;

(B) for direct graduate medical education costs under section 1886(h) of such Act; and

(C) for direct costs of medical education under section 1886(k) of such Act;

(2) shall not be taken into account in applying the limitation on the number of total full-time equivalent residents under subparagraphs (F) and (G) of section 1886(h)(4) of such Act and clauses (v), (vi)(I), and (vi)(II) of section 1886(d)(5)(B) of such

Act for the portion of time that a resident rotates to a hospital; and

(3) shall not include the time in which a resident is counted toward full-time equivalency by a hospital under paragraph (2) or under section 1886(d)(5)(B)(iv) of the Social Security Act, section 1886(h)(4)(E) of such Act, or section 340E of this Act.

(f) RECONCILIATION.—The Secretary shall determine any changes to the number of residents reported by a [hospital] *teaching health center* in the application of the [hospital] *teaching health center* for the current fiscal year to determine the final amount payable to the [hospital] *teaching health center* for the current fiscal year for both direct expense and indirect expense amounts. Based on such determination, the Secretary shall recoup any overpayments made to pay any balance due to the extent possible. The final amount so determined shall be considered a final intermediary determination for the purposes of section 1878 of the Social Security Act and shall be subject to administrative and judicial review under that section in the same manner as the amount of payment under section 1186(d) of such Act is subject to review under such section.

(g) FUNDING.—[To carry out]

(1) *IN GENERAL.*—*To carry out this section, there are appropriated such sums as may be necessary, not to exceed \$230,000,000, for the period of fiscal years 2011 through 2015, \$60,000,000 for each of fiscal years 2016 and 2017, [and \$15,000,000 for the first quarter of fiscal year 2018], \$15,000,000 for the first quarter of fiscal year 2018, \$111,500,000 for the period consisting of the second, third, and fourth quarters of fiscal year 2018, and \$126,500,000 for fiscal year 2019, to remain available until expended.*

(2) *ADMINISTRATIVE EXPENSES.*—*Of the amount made available to carry out this section for any fiscal year, the Secretary may not use more than 5 percent of such amount for the expenses of administering this section.*

(h) ANNUAL REPORTING REQUIRED.—

(1) ANNUAL REPORT.—The report required under this paragraph for a qualified teaching health center for a fiscal year is a report that includes (in a form and manner specified by the Secretary) the following information for the residency academic year completed immediately prior to such fiscal year:

(A) The types of primary care resident approved training programs that the qualified teaching health center provided for residents.

(B) The number of approved training positions for residents described in paragraph (4).

(C) The number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year and care for vulnerable populations living in underserved areas.

(D) *The number of patients treated by residents described in paragraph (4).*

(E) *The number of visits by patients treated by residents described in paragraph (4).*

(F) *Of the number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year, the number and percentage of*

such residents entering primary care practice (meaning any of the areas of practice listed in the definition of a primary care residency program in section 749A).

(G) Of the number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year, the number and percentage of such residents who entered practice at a health care facility—

(i) primarily serving a health professional shortage area with a designation in effect under section 332 or a medically underserved community (as defined in section 799B); or

(ii) located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act).

[(D)] *(H) Other information as deemed appropriate by the Secretary.*

(2) AUDIT AUTHORITY; LIMITATION ON PAYMENT.—

(A) AUDIT AUTHORITY.—The Secretary may audit a qualified teaching health center to ensure the accuracy and completeness of the information submitted in a report under paragraph (1).

(B) LIMITATION ON PAYMENT.—A teaching health center may only receive payment in a cost reporting period for a number of such resident positions that is greater than the base level of primary care resident positions, as determined by the Secretary. For purposes of this subparagraph, the “base level of primary care residents” for a teaching health center is the level of such residents as of a base period.

(3) REDUCTION IN PAYMENT FOR FAILURE TO REPORT.—

(A) IN GENERAL.—The amount payable under this section to a qualified teaching health center for a fiscal year shall be reduced by at least 25 percent if the Secretary determines that—

(i) the qualified teaching health center has failed to provide the Secretary, as an addendum to the qualified teaching health center’s application under this section for such fiscal year, the report required under paragraph (1) for the previous fiscal year; or

(ii) such report fails to provide complete and accurate information required under any subparagraph of such paragraph.

(B) NOTICE AND OPPORTUNITY TO PROVIDE ACCURATE AND MISSING INFORMATION.—Before imposing a reduction under subparagraph (A) on the basis of a qualified teaching health center’s failure to provide complete and accurate information described in subparagraph (A)(ii), the Secretary shall provide notice to the teaching health center of such failure and the Secretary’s intention to impose such reduction and shall provide the teaching health center with the opportunity to provide the required information within the period of 30 days beginning on the date of such notice. If the teaching health center provides such information within such period, no reduction shall be made under subpara-

- graph (A) on the basis of the previous failure to provide such information.
- (4) RESIDENTS.—The residents described in this paragraph are those who are in part-time or full-time equivalent resident training positions at a qualified teaching health center in any approved graduate medical residency training program.
- (i) REGULATIONS.—The Secretary shall promulgate regulations to carry out this section.
- (j) DEFINITIONS.—In this section:
- (1) APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.—The term “approved graduate medical residency training program” means a residency or other postgraduate medical training program—
- (A) participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and
- (B) that meets criteria for accreditation (as established by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the American Dental Association).
- (2) NEW APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.—*The term “new approved graduate medical residency training program” means an approved graduate medical residency training program for which the sponsoring qualified teaching health center has not received a payment under this section for a previous fiscal year (other than pursuant to subsection (a)(1)(C)).*
- [(2)] (3) PRIMARY CARE RESIDENCY PROGRAM.—The term “primary care residency program” has the meaning given that term in section 749A.
- [(3)] (4) QUALIFIED TEACHING HEALTH CENTER.—The term “qualified teaching health center” has the meaning given the term “teaching health center” in section 749A.

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TITLE 18, UNITED STATES CODE

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PART II—CRIMINAL PROCEDURE

* * * * *

CHAPTER 201—GENERAL PROVISIONS

* * * * *

§ 3014. Additional special assessment

(a) IN GENERAL.—Beginning on the date of enactment of the Justice for Victims of Trafficking Act of 2015 and ending on September 30, 2019, in addition to the assessment imposed under section 3013, the court shall assess an amount of \$5,000 on any non-indigent person or entity convicted of an offense under—

(1) chapter 77 (relating to peonage, slavery, and trafficking in persons);

(2) chapter 109A (relating to sexual abuse);

(3) chapter 110 (relating to sexual exploitation and other abuse of children);

(4) chapter 117 (relating to transportation for illegal sexual activity and related crimes); or

(5) section 274 of the Immigration and Nationality Act (8 U.S.C. 1324) (relating to human smuggling), unless the person induced, assisted, abetted, or aided only an individual who at the time of such action was the alien's spouse, parent, son, or daughter (and no other individual) to enter the United States in violation of law.

(b) **SATISFACTION OF OTHER COURT-ORDERED OBLIGATIONS.**—An assessment under subsection (a) shall not be payable until the person subject to the assessment has satisfied all outstanding court-ordered fines, orders of restitution, and any other obligation related to victim-compensation arising from the criminal convictions on which the special assessment is based.

(c) **ESTABLISHMENT OF DOMESTIC TRAFFICKING VICTIMS' FUND.**—There is established in the Treasury of the United States a fund, to be known as the "Domestic Trafficking Victims' Fund" (referred to in this section as the "Fund"), to be administered by the Attorney General, in consultation with the Secretary of Homeland Security and the Secretary of Health and Human Services.

(d) **TRANSFERS.**—In a manner consistent with section 3302(b) of title 31, there shall be transferred to the Fund from the General Fund of the Treasury an amount equal to the amount of the assessments collected under this section, which shall remain available until expended.

(e) **USE OF FUNDS.**—

(1) **IN GENERAL.**—From amounts in the Fund, in addition to any other amounts available, and without further appropriation, the Attorney General, in coordination with the Secretary of Health and Human Services shall, for each of fiscal years 2016 through 2019, use amounts available in the Fund to award grants or enhance victims' programming under—

(A) section 204 of the Trafficking Victims Protection Reauthorization Act of 2005 (42 U.S.C. 14044c);

(B) subsections (b)(2) and (f) of section 107 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7105);

(C) section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)); and

(D) section 106 of the PROTECT Our Children Act of 2008 (42 U.S.C. 17616).

(2) **LIMITATION.**—Except as provided in subsection (h)(2), none of the amounts in the Fund may be used to provide health care or medical items or services.

(f) **COLLECTION METHOD.**—The amount assessed under subsection (a) shall, subject to subsection (b), be collected in the manner that fines are collected in criminal cases.

(g) **DURATION OF OBLIGATION.**—Subject to section 3613(b), the obligation to pay an assessment imposed on or after the date of enactment of the Justice for Victims of Trafficking Act of 2015 shall not cease until the assessment is paid in full.

(h) HEALTH OR MEDICAL SERVICES.—

(1) TRANSFER OF FUNDS.—From amounts appropriated under section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b-2(b)(1)(E))~~],~~ as amended by section 221 of the Medicare Access and CHIP Reauthorization Act of 2015,~~]~~ there shall be transferred to the Fund an amount equal to the amount transferred under subsection (d) for each fiscal year, except that the amount transferred under this paragraph shall not be less than \$5,000,000 or more than \$30,000,000 in each such fiscal year, and such amounts shall remain available until expended.

(2) USE OF FUNDS.—The Attorney General, in coordination with the Secretary of Health and Human Services, shall use amounts transferred to the Fund under paragraph (1) to award grants that may be used for the provision of health care or medical items or services to victims of trafficking under—

(A) sections 202, 203, and 204 of the Trafficking Victims Protection Reauthorization Act of 2005 (42 U.S.C. 14044a, 14044b, and 14044c);

(B) subsections (b)(2) and (f) of section 107 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7105); and

(C) section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)).

(3) GRANTS.—Of the amounts in the Fund used under paragraph (1), not less than \$2,000,000, if such amounts are available in the Fund during the relevant fiscal year, shall be used for grants to provide services for child pornography victims under section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)).

(4) APPLICATION OF PROVISION.—The application of the provisions of section 221(c) of the Medicare Access and CHIP Reauthorization Act of 2015 *and section 101(d) of the Community Health And Medical Professionals Improve Our Nation Act of 2017* shall continue to apply to the amounts transferred pursuant to paragraph (1).

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SOCIAL SECURITY ACT

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**TITLE V—MATERNAL AND CHILD HEALTH SERVICES
BLOCK GRANT**

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AUTHORIZATION OF APPROPRIATIONS

SEC. 501. (a) To improve the health of all mothers and children consistent with the applicable health status goals and national health objectives established by the Secretary under the Public Health Service Act for the year 2000, there are authorized to be appropriated \$850,000,000 for fiscal year 2001 and each fiscal year thereafter—

(1) for the purpose of enabling each State—

(A) to provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services;

(B) to reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;

(C) to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX; and

(D) to provide and to promote family-centered, community-based, coordinated care (including care coordination services, as defined in subsection (b)(3)) for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families;

(2) for the purpose of enabling the Secretary (through grants, contracts, or otherwise) to provide for special projects of regional and national significance, research, and training with respect to maternal and child health and children with special health care needs (including early intervention training and services development), for genetic disease testing, counseling, and information development and dissemination programs, for grants (including funding for comprehensive hemophilia diagnostic treatment centers) relating to hemophilia without regard to age, and for the screening of newborns for sickle cell anemia, and other genetic disorders and follow-up services; and

(3) subject to section 502(b) for the purpose of enabling the Secretary (through grants, contracts, or otherwise) to provide for developing and expanding the following—

(A) maternal and infant health home visiting programs in which case management services as defined in subparagraphs (A) and (B) of subsection (b)(4), health education services, and related social support services are provided in the home to pregnant women or families with an infant up to the age one by an appropriate health professional or by a qualified nonprofessional acting under the supervision of a health care professional,

(B) projects designed to increase the participation of obstetricians and pediatricians under the program under this title and under state plans approved under title XIX,

(C) integrated maternal and child health service delivery systems (of the type described in section 1136 and using, once developed, the model application form developed

under section 6506(a) of the Omnibus Budget Reconciliation Act of 1989),

(D) maternal and child health centers which (i) provide prenatal, delivery, and postpartum care for pregnant women and preventive and primary care services for infants up to age one, and (ii) operate under the direction of a not-for-profit hospital,

(E) maternal and child health projects to serve rural populations, and

(F) outpatient and community based services programs (including day care services) for children with special health care needs whose medical services are provided primarily through inpatient institutional care.

Funds appropriated under this section may only be used in a manner consistent with the Assisted Suicide Funding Restriction Act of 1997.

(b) For purposes of this title:

(1) The term “consolidated health programs” means the programs administered under the provisions of—

(A) this title (relating to maternal and child health and services for children with special health care needs),

(B) section 1615(c) of this Act (relating to supplemental security income for disabled children),

(C) sections 316 (relating to lead-based paint poisoning prevention programs), 1101 (relating to genetic disease programs), 1121 (relating to sudden infant death syndrome programs) and 1131 (relating to hemophilia treatment centers) of the Public Health Service Act, and

(D) title VI of the Health Services and Centers Amendments of 1978 (Public Law 95-626; relating to adolescent pregnancy grants),

as such provisions were in effect before the date of the enactment of the Maternal and Child Health Services Block Grant Act.

(2) The term “low income” means, with respect to an individual or family, such an individual or family with an income determined to be below the income official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

(3) The term “care coordination services” means services to promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families.

(4) The term “case management services” means—

(A) with respect to pregnant women, services to assure access to quality prenatal, delivery, and postpartum care; and

(B) with respect to infants up to age one, services to assure access to quality preventive and primary care services.

(c)(1)(A) For the purpose of enabling the Secretary (through grants, contracts, or otherwise) to provide for special projects of regional and national significance for the development and support of

family-to-family health information centers described in paragraph (2), there is appropriated to the Secretary, out of any money in the Treasury not otherwise appropriated—

- (i) \$3,000,000 for fiscal year 2007;
- (ii) \$4,000,000 for fiscal year 2008;
- (iii) \$5,000,000 for each of fiscal years 2009 through 2013;
- (iv) \$2,500,000 for the portion of fiscal year 2014 before April 1, 2014;
- (v) \$2,500,000 for the portion of fiscal year 2014 on or after April 1, 2014; **[and]**
- (vi) \$5,000,000 for each of fiscal years 2015 through 2017**[.];**
and
(vii) \$6,000,000 for each of fiscal years 2018 and 2019.

(B) Funds appropriated or authorized to be appropriated under subparagraph (A) shall—

- (i) be in addition to amounts appropriated under subsection (a) and retained under section 502(a)(1) for the purpose of carrying out activities described in subsection (a)(2); and
- (ii) remain available until expended.

(2) The family-to-family health information centers described in this paragraph are centers that—

(A) assist families of children with disabilities or special health care needs to make informed choices about health care in order to promote good treatment decisions, cost-effectiveness, and improved health outcomes for such children;

(B) provide information regarding the health care needs of, and resources available for, such children;

(C) identify successful health delivery models for such children;

(D) develop with representatives of health care providers, managed care organizations, health care purchasers, and appropriate State agencies, a model for collaboration between families of such children and health professionals;

(E) provide training and guidance regarding caring for such children;

(F) conduct outreach activities to the families of such children, health professionals, schools, and other appropriate entities and individuals; and

(G) are staffed—

(i) by such families who have expertise in Federal and State public and private health care systems; and

(ii) by health professionals.

(3) The Secretary shall develop family-to-family health information centers described in paragraph (2) in accordance with the following:

(A) With respect to fiscal year 2007, such centers shall be developed in not less than 25 States.

(B) With respect to fiscal year 2008, such centers shall be developed in not less than 40 States.

(C) With respect to fiscal year 2009 and each fiscal year thereafter, such centers shall be developed in all States, *and with respect to fiscal years 2018 and 2019, such centers shall also be developed in all territories and at least one such center shall be developed for Indian tribes.*

(4) The provisions of this title that are applicable to the funds made available to the Secretary under section 502(a)(1) apply in the same manner to funds made available to the Secretary under paragraph (1)(A).

[(5) For purposes of this subsection, the term “State” means each of the 50 States and the District of Columbia.]

(5) *For purposes of this subsection—*

(A) *the term “Indian tribe” has the meaning given such term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603);*

(B) *the term “State” means each of the 50 States and the District of Columbia; and*

(C) *the term “territory” means Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Northern Mariana Islands.*

* * * * *

【SEPARATE PROGRAM FOR ABSTINENCE EDUCATION

【SEC. 510. (a) For the purpose described in subsection (b), the Secretary shall, for each of fiscal years 2010 through 2017, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of—

【(1) the amount appropriated in subsection (d) for the fiscal year; and

【(2) the percentage determined for the State under section 502(c)(1)(B)(ii).

【(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

【(2) For purposes of this section, the term “abstinence education” means an educational or motivational program which—

【(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

【(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

【(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

【(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

【(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

【(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

【(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

[(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.]

[(c)(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).]

[(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.]

[(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional \$50,000,000 for each of the fiscal years 2010 through 2015 and an additional \$75,000,000 for each of fiscal years 2016 and 2017. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year (except that such appropriation shall be made on the date of enactment of the Patient Protection and Affordable Care Act in the case of fiscal year 2010).]

SEC. 510. YOUTH EMPOWERMENT PROGRAM.

(a) IN GENERAL.—

(1) ALLOTMENTS TO STATES.—For the purpose described in subsection (b), the Secretary shall, for each of fiscal years 2018 and 2019, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of—

(A) the amount appropriated pursuant to subsection (e)(1) for the fiscal year, minus the amount reserved under subsection (e)(2) for the fiscal year; and

(B) the proportion that the number of low-income children in the State bears to the total of such numbers of children for all the States.

(2) OTHER ALLOTMENTS.—

(A) OTHER ENTITIES.—For the purpose described in subsection (b), the Secretary shall, for each of fiscal years 2018 and 2019, for any State which has not transmitted an application for the fiscal year under section 505(a), allot to one or more entities in the State the amount that would have been allotted to the State under paragraph (1) if the State had submitted such an application.

(B) PROCESS.—The Secretary shall select the recipients of allotments under subparagraph (A) by means of a competitive grant process under which—

(i) not later than 30 days after the deadline for the State involved to submit an application for the fiscal year under section 505(a), the Secretary publishes a notice soliciting grant applications; and

(ii) not later than 120 days after such deadline, all such applications must be submitted.

(b) PURPOSE.—

(1) IN GENERAL.—Except for research under paragraph (5) and information collection and reporting under paragraph (6), the purpose of an allotment under subsection (a) to a State (or to another entity in the State pursuant to subsection (a)(2)) is to enable the State or other entity to implement education exclusively on sexual risk avoidance (meaning voluntarily refraining from sexual activity).

(2) *REQUIRED COMPONENTS.*—Education on sexual risk avoidance pursuant to an allotment under this section shall—

(A) ensure that the unambiguous and primary emphasis and context for each topic described in paragraph (3) is a message to youth that normalizes the optimal health behavior of avoiding nonmarital sexual activity;

(B) be medically accurate and complete;

(C) be age-appropriate; and

(D) be based on adolescent learning and developmental theories for the age group receiving the education.

(3) *TOPICS.*—Education on sexual risk avoidance pursuant to an allotment under this section shall address each of the following topics:

(A) The holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decisionmaking, and a focus on the future.

(B) The advantage of refraining from nonmarital sexual activity in order to improve the future prospects and physical and emotional health of youth.

(C) The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.

(D) The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.

(E) How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex.

(F) How to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that even with consent teen sex remains a youth risk behavior.

(4) *CONTRACEPTION.*—Education on sexual risk avoidance pursuant to an allotment under this section shall ensure that—

(A) any information provided on contraception is medically accurate and ensures that students understand that contraception offers physical risk reduction, but not risk elimination; and

(B) the education does not include demonstrations, simulations, or distribution of contraceptive devices.

(5) *RESEARCH.*—

(A) *IN GENERAL.*—A State or other entity receiving an allotment pursuant to subsection (a) may use up to 20 percent of such allotment to build the evidence base for sexual risk avoidance education by conducting or supporting research.

(B) *REQUIREMENTS.*—Any research conducted or supported pursuant to subparagraph (A) shall be—

(i) rigorous;

(ii) evidence-based; and

(iii) designed and conducted by independent researchers who have experience in conducting and publishing research in peer-reviewed outlets.

(6) *INFORMATION COLLECTION AND REPORTING.*—A State or other entity receiving an allotment pursuant to subsection (a) shall, as specified by the Secretary—

(A) collect information on the programs and activities funded through the allotment; and

- (B) submit reports to the Secretary on the data from such programs and activities.
- (c) NATIONAL EVALUATION.—
- (1) IN GENERAL.—The Secretary shall—
- (A) in consultation with appropriate State and local agencies, conduct one or more rigorous evaluations of the education funded through this section and associated data; and
- (B) submit a report to the Congress on the results of such evaluations, together with a summary of the information collected pursuant to subsection (b)(6).
- (2) CONSULTATION.—In conducting the evaluations required by paragraph (1), including the establishment of evaluation methodologies, the Secretary shall consult with relevant stakeholders.
- (d) APPLICABILITY OF CERTAIN PROVISIONS.—
- (1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).
- (2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.
- (e) FUNDING.—
- (1) IN GENERAL.—To carry out this section, there is appropriated, out of any money in the Treasury not otherwise appropriated, \$75,000,000 for each of fiscal years 2018 and 2019.
- (2) RESERVATION.—The Secretary shall reserve, for each of fiscal years 2018 and 2019, not more than 20 percent of the amount appropriated pursuant to paragraph (1) for administering the program under this section, including the conducting of national evaluations and the provision of technical assistance to the recipients of allotments.

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SEC. 513. PERSONAL RESPONSIBILITY EDUCATION.

- (a) ALLOTMENTS TO STATES.—
- (1) AMOUNT.—
- (A) IN GENERAL.—For the purpose described in subsection (b), subject to the succeeding provisions of this section, for each of fiscal years 2010 through [2017] 2019, the Secretary shall allot to each State an amount equal to the product of—
- (i) the amount appropriated under subsection (f) for the fiscal year and available for allotments to States after the application of subsection (c); and
- (ii) the State youth population percentage determined under paragraph (2).
- (B) MINIMUM ALLOTMENT.—
- (i) IN GENERAL.—Each State allotment under this paragraph for a fiscal year shall be at least \$250,000.
- (ii) PRO RATA ADJUSTMENTS.—The Secretary shall adjust on a pro rata basis the amount of the State allotments determined under this paragraph for a fiscal year to the extent necessary to comply with clause (i).
- (C) APPLICATION REQUIRED TO ACCESS ALLOTMENTS.—

(i) IN GENERAL.—A State shall not be paid from its allotment for a fiscal year unless the State submits an application to the Secretary for the fiscal year and the Secretary approves the application (or requires changes to the application that the State satisfies) and meets such additional requirements as the Secretary may specify.

(ii) REQUIREMENTS.—The State application shall contain an assurance that the State has complied with the requirements of this section in preparing and submitting the application and shall include the following as well as such additional information as the Secretary may require:

(I) Based on data from the Centers for Disease Control and Prevention National Center for Health Statistics, the most recent pregnancy rates for the State for youth ages 10 to 14 and youth ages 15 to 19 for which data are available, the most recent birth rates for such youth populations in the State for which data are available, and trends in those rates for the most recently preceding 5-year period for which such data are available.

(II) State-established goals for reducing the pregnancy rates and birth rates for such youth populations.

(III) A description of the State's plan for using the State allotments provided under this section to achieve such goals, especially among youth populations that are the most high-risk or vulnerable for pregnancies or otherwise have special circumstances, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant youth who are under 21 years of age, mothers who are under 21 years of age, and youth residing in areas with high birth rates for youth.

(2) STATE YOUTH POPULATION PERCENTAGE.—

(A) IN GENERAL.—For purposes of paragraph (1)(A)(ii), the State youth population percentage is, with respect to a State, the proportion (expressed as a percentage) of—

- (i) the number of individuals who have attained age 10 but not attained age 20 in the State; to
- (ii) the number of such individuals in all States.

(B) DETERMINATION OF NUMBER OF YOUTH.—The number of individuals described in clauses (i) and (ii) of subparagraph (A) in a State shall be determined on the basis of the most recent Bureau of the Census data.

(3) AVAILABILITY OF STATE ALLOTMENTS.—Subject to paragraph (4)(A), amounts allotted to a State pursuant to this subsection for a fiscal year shall remain available for expenditure by the State through the end of the second succeeding fiscal year.

(4) AUTHORITY TO AWARD GRANTS FROM STATE ALLOTMENTS TO LOCAL ORGANIZATIONS AND ENTITIES IN NONPARTICIPATING STATES.—

(A) GRANTS FROM UNEXPENDED ALLOTMENTS.—If a State does not submit an application under this section for fiscal year 2010 or 2011, the State shall no longer be eligible to submit an application to receive funds from the amounts allotted for the State for each of fiscal years 2010 through ~~2017~~ 2019 and such amounts shall be used by the Secretary to award grants under this paragraph for each of fiscal years 2012 through ~~2017~~ 2019. The Secretary also shall use any amounts from the allotments of States that submit applications under this section for a fiscal year that remain unexpended as of the end of the period in which the allotments are available for expenditure under paragraph (3) for awarding grants under this paragraph.

(B) ~~3-YEAR GRANTS~~ COMPETITIVE PREP GRANTS.—

(i) IN GENERAL.—The Secretary shall ~~solicit applications to award 3-year grants in each of fiscal years 2012 through 2017~~ *continue through fiscal year 2019 grants awarded for any of fiscal years 2015 through 2017* to local organizations and entities to conduct, consistent with subsection (b), programs and activities in States that do not submit an application for an allotment under this section for fiscal year 2010 or 2011.

(ii) FAITH-BASED ORGANIZATIONS OR CONSORTIA.—The Secretary may solicit and award grants under this paragraph to faith-based organizations or consortia.

(C) EVALUATION.—An organization or entity awarded a grant under this paragraph shall agree to participate in a rigorous Federal evaluation.

(5) MAINTENANCE OF EFFORT.—No payment shall be made to a State from the allotment determined for the State under this subsection or to a local organization or entity awarded a grant under paragraph (4), if the expenditure of non-federal funds by the State, organization, or entity for activities, programs, or initiatives for which amounts from allotments and grants under this subsection may be expended is less than the amount expended by the State, organization, or entity for such programs or initiatives for fiscal year 2009.

(6) DATA COLLECTION AND REPORTING.—A State or local organization or entity receiving funds under this section shall cooperate with such requirements relating to the collection of data and information and reporting on outcomes regarding the programs and activities carried out with such funds, as the Secretary shall specify.

(b) PURPOSE.—

(1) IN GENERAL.—The purpose of an allotment under subsection (a)(1) to a State is to enable the State (or, in the case of grants made under subsection (a)(4)(B), to enable a local organization or entity) to carry out personal responsibility education programs consistent with this subsection.

(2) PERSONAL RESPONSIBILITY EDUCATION PROGRAMS.—

(A) IN GENERAL.—In this section, the term “personal responsibility education program” means a program that is designed to educate adolescents on—

(i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections,

including HIV/AIDS, consistent with the requirements of subparagraph (B); and

(ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).

(B) REQUIREMENTS.—The requirements of this subparagraph are the following:

(i) The program replicates evidence-based effective programs or substantially incorporates elements of effective programs that have been proven on the basis of rigorous scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth.

(ii) The program is medically-accurate and complete.

(iii) The program includes activities to educate youth who are sexually active regarding responsible sexual behavior with respect to both abstinence and the use of contraception.

(iv) The program places substantial emphasis on both abstinence and contraception for the prevention of pregnancy among youth and sexually transmitted infections.

(v) The program provides age-appropriate information and activities.

(vi) The information and activities carried out under the program are provided in the cultural context that is most appropriate for individuals in the particular population group to which they are directed.

(C) ADULTHOOD PREPARATION SUBJECTS.—The adulthood preparation subjects described in this subparagraph are the following:

(i) Healthy relationships, including marriage and family interactions.

(ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.

(iii) Financial literacy.

(iv) Parent-child communication.

(v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity.

(vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

(c) RESERVATIONS OF FUNDS.—

(1) GRANTS TO IMPLEMENT INNOVATIVE STRATEGIES.—From the amount appropriated under subsection (f) for the fiscal year, the Secretary shall reserve \$10,000,000 of such amount for purposes of awarding grants to entities to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, *victims of human trafficking*,

pregnant women who are under 21 years of age and their partners, mothers who are under 21 years of age and their partners, and youth residing in areas with high birth rates for youth. An entity awarded a grant under this paragraph shall agree to participate in a rigorous Federal evaluation of the activities carried out with grant funds.

(2) OTHER RESERVATIONS.—From the amount appropriated under subsection (f) for the fiscal year that remains after the application of paragraph (1), the Secretary shall reserve the following amounts:

(A) GRANTS FOR INDIAN TRIBES OR TRIBAL ORGANIZATIONS.—The Secretary shall reserve 5 percent of such remainder for purposes of awarding grants to Indian tribes and tribal organizations in such manner, and subject to such requirements, as the Secretary, in consultation with Indian tribes and tribal organizations, determines appropriate.

(B) SECRETARIAL RESPONSIBILITIES.—

(i) RESERVATION OF FUNDS.—The Secretary shall reserve 10 percent of such remainder for expenditures by the Secretary for the activities described in clauses (ii) and (iii).

(ii) PROGRAM SUPPORT.—The Secretary shall provide, directly or through a competitive grant process, research, training and technical assistance, including dissemination of research and information regarding effective and promising practices, providing consultation and resources on a broad array of teen pregnancy prevention strategies, including abstinence and contraception, and developing resources and materials to support the activities of recipients of grants and other State, tribal, and community organizations working to reduce teen pregnancy. In carrying out such functions, the Secretary shall collaborate with a variety of entities that have expertise in the prevention of teen pregnancy, HIV and sexually transmitted infections, healthy relationships, financial literacy, and other topics addressed through the personal responsibility education programs.

(iii) EVALUATION.—The Secretary shall evaluate the programs and activities carried out with funds made available through allotments or grants under this section.

(d) ADMINISTRATION.—

(1) IN GENERAL.—The Secretary shall administer this section through the Assistant Secretary for the Administration for Children and Families within the Department of Health and Human Services.

(2) APPLICATION OF OTHER PROVISIONS OF TITLE.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the other provisions of this title shall not apply to allotments or grants made under this section.

(B) EXCEPTIONS.—The following provisions of this title shall apply to allotments and grants made under this sec-

tion to the same extent and in the same manner as such provisions apply to allotments made under section 502(c):

(i) Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).

(ii) Section 504(c) (relating to the use of funds for the purchase of technical assistance).

(iii) Section 504(d) (relating to a limitation on administrative expenditures).

(iv) Section 506 (relating to reports and audits), but only to the extent determined by the Secretary to be appropriate for grants made under this section.

(v) Section 507 (relating to penalties for false statements).

(vi) Section 508 (relating to nondiscrimination).

(e) DEFINITIONS.—In this section:

(1) AGE-APPROPRIATE.—The term “age-appropriate”, with respect to the information in pregnancy prevention, means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(2) MEDICALLY ACCURATE AND COMPLETE.—The term “medically accurate and complete” means verified or supported by the weight of research conducted in compliance with accepted scientific methods and—

(A) published in peer-reviewed journals, where applicable; or

(B) comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

(3) INDIAN TRIBES; TRIBAL ORGANIZATIONS.—The terms “Indian tribe” and “Tribal organization” have the meanings given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

(4) YOUTH.—The term “youth” means an individual who has attained age 10 but has not attained age 20.

(f) APPROPRIATION.—For the purpose of carrying out this section, there is appropriated, out of any money in the Treasury not otherwise appropriated, \$75,000,000 for each of fiscal years 2010 through [2017] 2019. Amounts appropriated under this subsection shall remain available until expended.

* * * * *

MINORITY VIEWS

Committee Democrats unanimously oppose H.R. 3922, the “Community Health and Medical Professionals Improve Our Nation Act of 2017,” or the CHAMPION Act. While we support the reauthorization of the critical public health programs included in the CHAMPION Act, we cannot support doing so using the partisan offsets the Republicans have proposed in this bill. Rather than working together to identify offsets that we all could support, the Committee Republicans chose to continue their efforts to repeal and undermine the Affordable Care Act (ACA) through this legislation.

THE MINORITY MEMBERS OPPOSE PAYING FOR CRITICAL PUBLIC HEALTH PROGRAMS WITH CUTS TO THE AFFORDABLE CARE ACT

The CHAMPION Act would cut \$6.35 billion or nearly half of the funding from the Prevention and Public Health Fund (Prevention Fund) over the next decade, which will harm efforts to improve America’s health and to prepare and respond to public health crises. The Prevention Fund was created by the ACA and is the federal government’s only dedicated mandatory investment in improving our nation’s public health system. As a result of the Republican proposed cuts to the Prevention Fund, funding would not be available to invest in critical preventive and public health programs such as efforts to reduce tobacco use, increase physical activity, expand mental health and injury prevention, and improve our ability to detect and respond to infectious disease and other public health threats. Therefore this legislation is forcing Congress to make a false choice between cutting funding for important public health programs in order to provide funding to maintain others. We reject this harmful action.

Cutting nearly half of the funding from Prevention Fund could cripple our public health prevention, preparedness, and response capabilities. The Centers for Disease Control and Prevention (CDC) plays a critical role in saving the lives and protecting the health of Americans. Currently, the Prevention Fund provides 12 percent of the annual budget of CDC. The proposed \$400 million cut to the Prevention Fund next year included in the CHAMPION Act would require CDC to roll back their public health programs as well as cut the funding it provides to states, communities, and tribal and community organizations.

Such a cut could not come at a worse time as we are in the midst of a near endless series of public health crises. From the lead crisis in Flint, to the international Zika and Ebola outbreaks, to the opioid epidemic, and now to our response to the trio of hurricanes that have devastated Texas, Florida, Puerto Rico, and the Virgin Islands, we have relied on CDC to be on the front lines to help protect the health of all Americans. Cutting funding to CDC as pro-

posed by this legislation could mean that CDC and its state and local partners will not have the resources necessary to prepare and mount a timely response to such events.

In addition to helping us prepare and respond to emerging public health crises, CDC is leading efforts to prevent and control chronic disease. Today in America, chronic disease, such as heart disease, diabetes, and cancer, are among the nation's most common, costly, and preventable health problems. Unsurprisingly, spending on chronic disease alone accounts for roughly 86 percent of all health care expenditures in the United States.¹ Chronic diseases also take a toll on American lives. In fact, chronic diseases account for 7 out of 10 deaths in the United States. Yet, despite the harms caused by chronic diseases, only a small percentage of government health expenditures are directed at preventing these diseases before they happen.

Using funding from the Prevention Fund, CDC supports public health programs like the highly successful *Tips from Former Smokers* national campaign. A recent study published in the *Lancet* found that the first three months of the national ad campaign led an estimated 1.6 million smokers to attempt to quit smoking and helped more than 100,000 Americans quit smoking permanently.² Another study published in the *American Journal of Preventive Medicine* found that the campaign prevented more than 17,000 premature deaths in the United States.³ Slashing nearly half of the funding to the Prevention Fund over the next decade could prevent CDC from implementing other successful public health interventions like *Tips from Former Smokers*.

Compounding the harmful cuts to the Prevention Fund is that the Republican proposed cuts would further strain the safety net health care system. Cutting nearly half the funding from the Prevention Fund could mean that more people would need health services from community health centers and other safety net programs. However, this legislation provides level funding needed to meet the current demand for services provided by community health centers—not increased funding to take on the additional burden that would result from cuts to the Prevention Fund. Therefore we reject this proposal that would require us to cut important investments in certain public health programs to fund needed investments in others.

Additionally, the minority members oppose paying for these important public health priorities by cutting funding for financial assistance for low and middle-income Americans who purchase subsidized coverage in the Marketplaces. Under the ACA, individuals have up to 90 days in order to pay premiums before insurers can terminate their coverage. These grace periods are important to ensure that low and middle-income families facing temporary difficulties paying premiums are not unfairly excluded from coverage. Shortening grace periods to 30 days could result in harsh con-

¹Centers for Disease Control and Prevention (CDC), *Chronic Disease Prevention and Health Promotion* (Nov. 2016) (<https://www.cdc.gov/chronicdisease/index.htm>).

²Tim McAfee, et al., *Effect of the First Federally Funded US Antismoking National Media Campaign*, *The Lancet* (Sept. 9, 2013).

³Xin Xu, et al., *A Cost-Effectiveness Analysis of the First Federally Funded Antismoking Campaign*, *American Journal of Preventive Medicine* (Dec. 9, 2014).

sequences for these families, who would lose coverage and would be barred from reenrolling until the next open enrollment season.

The minority members oppose the majority's continued attempts to repeal and undermine the ACA. We urge Committee Republicans to turn to the important task of stabilizing the Marketplaces and ending the widespread uncertainty due to the Trump Administration's continual threats to unilaterally end the payment of cost-sharing reductions. Failure to provide this certainty is resulting in significantly higher premiums and fewer choices for consumers.⁴

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⁴Congressional Budget Office, *Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2017 to 2027* (Sept. 2017); Kaiser Family Foundation, *An Early Look at 2018 Premium Changes and Insurer Participation on ACA Exchanges* (Aug. 10, 2017).